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HOME SAFETY Review

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VOL. 15, NO. 2 — FEBRUARY 195

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In this issue:

SAFE HOUSEKEEPING

Left, old clothes, papers, etc., stored in attics or basements are fire hazards which should be removed.

HOME SAFETY CONFERENCE

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The Home Safety Conference is the meeting point for representatives of national organizations conducting programs that include prevention of accidents in the home. It officially represents National Safety Council home safety service subscriber-members. Conference officers (with the exception of the staff secretary) serve voluntarily without pay as the council's safety officers and planning board for home safety program.

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HOME SAFETY REVIEW

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THE AVERAGE CITIZEN AND RADIATION

In this article such questions as what can cause radiation exposure in the home and in the office and what to do to avoid overexposure are answered.

By Richard Moore
National Institute of Arthritis and Metabolic Diseases
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RADIATION EXPOSURES have become possible in the average citizen's home and place of employment, due to the rapid expansion of the use of radiation in general and of radioactive isotopes in particular. This article will describe some such potential exposures, interpret them in terms of biological injury, and recommend precautions which the average person can take to protect himself and his family.

Sources of Radiation in the Home

What is a radioisotope? This term is a contraction of radioactive isotope. Matter is made up of about one hundred different kinds of chemical elements. Each chemical element is a mixture of isotopes of that element. The atoms of each isotope of an element have the same chemical properties as the atoms of any other isotope of the element, but the physical properties differ from isotope to isotope. Some isotopes are slightly heavier than others, even though they are isotopes of the same element, and some isotopes are radioactive and give off ionizing radiations. These latter isotopes are called radioactive isotopes, or radioisotopes. (The figure illustrates one type of radioisotope.) As an example, hydrogen has three isotopes: (1) "ordinary" hydrogen, used to fill balloons, (2) deuterium, which weighs twice as much and which occurs in "heavy water," and (3) tritium, which weighs three times as much and which is used in "hydrogen" bombs; of these three isotopes only tritium is radioactive.

Radioisotopes may be found in several places in today's home. Luminous dial clocks and watches have the hands and numerals coated with a paint containing radioisotopes. Luminous lamp pull cord ornaments, light switches or light switch plates, luminous paint or ink, house numbers, cuff links, costume jewelry, pictures, or art objects which glow in the dark usually do so because they contain a radioisotope mixed with a phosphor. The radiations from the radioisotope strike the phosphor, which is a substance capable of changing such radiation into light. It is this light which makes the object visible in the dark.

Radioisotopes are also used in light meters, where they provide a reference light source of known intensity. They are incorporated into photographic negative and phonograph record dust brushes and static eliminators. They are built into ion generating tubes for air conditioning equipment. Radioisotope sources are incorporated into certain kinds of electronic tubes.

In some areas, springs pour forth waters rich in radium or radon, and such waters are sold with claims that they promote health when used for drinking or bathing. Most physicians believe that these claims are untrue, and that the concentration of radioactivity is either so low that the water is harmless or it is high enough to deposit radium or radium daughter products in the body where they can do severe damage. Consequently, most physicians usually recommend that radioactive mineral water should not be used for human consumption.

Television sets generate a small amount of Xrays. Ordinarily, this is of no consequence because the cabinet shields the viewer effectively. However, if the set is operated without a cabinet, the viewer may be exposed to more Xradiations than the manufacturer intended. In addition, such exposed sets constitute electrical and "IMPLOSION" hazards and prolonged operation should be avoided for this reason also. Television repairmen should be cognizant of the radiations from exposed tubes and take appropriate protective steps. This applies particularly to theatre projection type television equipment, which may operate at potentials as high as one hundred thousand volts. Such high voltages can produce strong beams of penetrating Xrays in the immediate area around the equipment.

Electrical hobbyists, such as amateur radio operators, may attempt

to modify equipment so as to operate at unusually high voltages. Operation at several thousand volts may cause such equipment to generate Xrays. Increasing operating voltages should be undertaken only in accordance with manufacturers' instructions or by a person competent to modify such circuits.

The radiation considered so far has been ionizing radiation, so-called because its mechanism of action is the production of ions in tissue. Nonionizing radiation may also be harmful. This injures by local heating of tissue. Microwave ovens, now commercially available, produce such radiation. Home diathermy machines are actually intended to produce local heating from nonionizing radiation. They can be used to heat any part of the body. However, if the part is overheated, it may be injured. Home sun lamps, heat lamps, or hobbyist ultraviolet lamps can produce burns, especially of the retina of the eye. The tissues of the testes and of the lens of the eye are especially susceptible to injury by local heating. These devices are not harmful if properly used. They produce "heat" radiation, not ionizing radiation.

Sources of Radiation Outside the Home

People may be exposed to radiation outside the home. Some shoe stores continue to use fluoroscopes for shoe fitting, especially on children and men. A significant radiation dose is delivered by such machines, and several exposures may be given to the same person as he tries on pair after pair of shoes. The fluoroscope is the kind of machine which interests children, but the avoidance of unnecessary radiation is even more pressing for children than for adults. Fluoroscopy is not necessary for proper fitting of footwear.

Some people live or work next to the offices of doctors, dentists, chiropractors, osteopaths, or chiropodists. In this country, practitioners of the healing arts operate more than a hundred thousand Xray units. These units are usually made, installed, and operated safely. However, it is possible for them to get out of order or to be used carelessly. Such a machine may send an invisible but dangerous beam of radiation through a wall, ceiling, floor, or window into an occupied area. If a person has cause to worry about such a situation, he may get information about the possible exposure either by an informal query to the machine operator or by asking the local health department whether they have required the installation to be inspected and found safe.

Biological Effects of Radiation

Let us consider the possible effects of radiation exposure. By means of the devices described above, an individual may become exposed to radiation or radioactivity. In this case, he may inhale or ingest some radioactive material, and then it could lodge in his body and bombard his tissues with radiation. The relatively long persistence in the body of some of the radioisotopes makes the problem of internal radiation exposure particularly important. Whether the radiation source is internal or external, the amount of radiated energy absorbed by the tissues determines the amount of damage done.

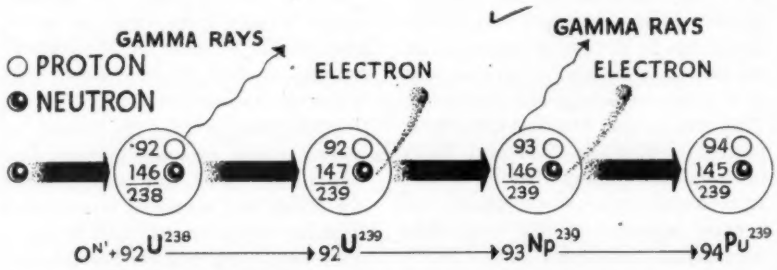
The biological effects of very low doses of radiation are difficult or impossible to detect. Small doses of radiation which reach the reproductive organs produce genetic damage which may be inherited by subsequent generations. Chronic doses can decrease the life span of a person or cause premature aging. Radiation can decrease the white blood cell count of a person and thus render him more likely to contract infections. However, all these effects require much larger doses of radiation than a person could usually receive in his home and could result from other causes than radiation exposure.

Avoiding Radiation Injury

Although a person may never experience any of these symptoms of radiation exposure, he should nevertheless avoid unnecessary radiation exposure the same way he avoids walking across rifle ranges, jaywalking through heavy traffic, playing with electric power lines, or swallowing drugs from unlabeled bottles. Radiation is always injurious to life. This is taken advantage of by the physician who skillfully uses radiation to kill cancer cells while sparing the surrounding healthy tissue. Because it always injures tissue, and because the genetic effects are cumulative and injurious to future generations, radiation exposure is conscientiously controlled in medicine and industry. The private citizen can and should add his efforts to maintain and preserve his radiologic health.

The individual should take the following precautions with articles containing radioactivity in the home:

(to page 30)



Here* a nucleus of uranium-238 captures a neutron to emit gamma rays and form a radioactive isotope, uranium-239. This atom then emits a high speed electron to form neptunium-239, which in turn emits gamma rays and an electron to give plutonium-239. Plutonium is considered a stable element, although in time it releases an alpha particle and becomes uranium-235.

*Figure, courtesy Westinghouse Electric Corporation, was copied from *Constructive Uses of Atomic Energy*, edited by S. C. Rothmann, Ch. II, "The World Within the Atom," by L. W. Chubb, figure 14, Harper & Bros., New York, N. Y., 1949.

THEY'RE LIVEWIRES, THESE 4-H MEMBERS!

Right, Patricia Stouch of the Wyandotte Live-Wires 4-H Club in Kansas City, Kans., works on the entry for a Fire Prevention Parade.

Below, safety activities (indicated by the arrows) were among those reported in the paper published by members of the club.

A TRASH BARREL on a wagon pulled by two ponies was the entry of the Wyandotte Live-Wires 4-H Club in the Fire Prevention Parade sponsored by the Chamber of Commerce, Kansas City, Kans., in 1956. Jerry Goodrick, a member of the 4-H Club, has reported "Club members walked along both with banners and pamphlets on Fire Prevention, of which we distributed 300."

Concerning their other activities Miss Goodrick stated, "We again sponsored a Contest. . . . We chose, worded, printed, and distributed 3,000 of these entry blanks and earned the money for the prizes." The contest was conducted as a survey on the need for safety education.

The contestants were to read a list of "Home Safety Guides" and fill in a blank to be returned to the club stating the number of guides that were new to them and the number that they already knew. Prizes were $25 bonds.

Twelve safety rules were used as guides for the contest. Rules such as "Use a sturdy step stool for climbing and reaching up;" "Keep halls and stairways well lighted free of clutter;" and "Children up to three years of age need constant 100 percent protection" were used.

Club members gave on TV a puppet playlet on falls called *Wisdom of the Stars* and also gave a demonstration on falls at several 4-H meetings and on station KMBC-TV. In the latter demonstration the following members took part: Carol Jackson, Charlotte Edde, Jerry Garlett, and Delores Goodrick.

They wrote, edited, printed, and distributed 150 copies of each issue of their paper, *Live-Wire*.

Issue 1 **The Live-Wire** Mar. ,1957

LINDBERGH PTA
The Live-Wires gave a panel discussion on home safety at PTA Tuesday, Mar.12. Being careful, constant watching of the very young, and keeping homes free of clutter was stressed. Good job, panel members! Next PTA meeting will be at Lindbergh school May 17, starting promptly at 7:45 p.m.

STILL TIME
There is still time to enter the Home Safety Contest sponsored by the Wyandotte Live-Wires 4-H Club. Winner gets a $25 bond. Obtain entry blanks from Mrs. Richardson, 910 N. 61st Terrace.

DAD'S CLUB
Every father living in the Lindbergh school district is invited to Dad's Club meetings, the 2nd and 4th Mondays of each month, at 7:30 p.m. at the school. Refreshments!

SPRING DAZE
Spring is here again. CHOKE! It seems as though everyone is planting grass and with the winds help their neighbors should have a beautiful lawn!

PUPPETS ON TV
The Williams family made their appearance on KMBC-TV, Mar. 6, at 1:30. They are puppets, worked by Julonna Powell, Fred Garlett, Wanda Martin, and Marsha Richardson, assisted in the play by Charlene Carter. Sharon Shobe and Jerry Gossage were interviewed. Theresa Brewer, vocalist, was on the same show and gave them autographed pictures. Incidentally, the club has been asked to do another puppet show on TV later in the year.

BUY EASTER SEALS

Editors: Marsha Richardson, Jerry Goodrick, Penny Godard
Wyandotte Live-Wires 4-H Club

SPRING CLEAN-UP WEEK
Time to get rid of winter accumulation. The Live-Wires are having a paper drive in April. We'll be seeing you!

4-H PARENTS
Parents are very important people, and important to 4-H. Without your help we cannot be a good club. Thanks to all who have given time and transportation. We now have 37 members, and need more project leaders. Some members will have to work at home alone or drop projects unless we have some volunteers. We wish more parents to attend meetings, become acquainted with our work. It also helps members do better, and meetings to go smoother.

THE BABY SITTER
I charge 50 cents an hour to baby sit, Mrs. Beiggel, plus .1 for each tantrum.

PENNY PARADE
Don't forget to bring your pennies to meetings, Live-Wires. Our penny march is refreshment fund.

PARADE ON MINNESOTA
The Live-Wires, led by mascot Sparkle, Carol Wilcox, and bandaged and holding banners, paraded Sat. Mar. 16, promoting their home safety contest.

STRIKE ONE!
It's baseball time again in Powell's back yard. But baseball isn't all they're thinking about. Right, Kids?

ANNOUNCEMENT
The Homeowner's Association will meet at Lindbergh school 2nd Tuesday of each month.
Mrs. Fay Pigg gave a baby shower for Mrs. Joe Walker, Mar.21

Community publication

A Three-Fold Attack

By James L. Goddard, M.D.
Chief, Accident Prevention Program
Division of Special Health Services
Bureau of State Services
Public Health Service
Dept. of Health, Education, and Welfare
Washington, D. C.

IT IS ALWAYS* a pleasure for a public health officer to meet with the members of a great voluntary association and to discuss opportunities for increased service in the solution of mutual problems. The voluntary association is, to the best of my knowledge, a uniquely American phenomenon; to the extent that one encounters the same type of activity abroad it is usually an extension of an American parent group. Self-reliance, democracy, the cooperative spirit—these American characteristics are typified by the voluntary organization, a movement which has experienced a phenomenal development since World War II. In no field is the work of the voluntary organization more valid and appropriate than in the area of accident prevention. . . .

The National Safety Congress has for 45 years demonstrated the value of organized effort in the accident prevention field. Compared to your history, the record of my own agency, the Public Health Service, is a brief one; although we have carried on activities in the home accident prevention field for many years (for example, the Division of Sanitary Engineering Services established a home accident prevention unit in 1949), it was only recently (1956) that an official entity, designated as the "Accident Prevention Program," was established in the Division of Special Health Services of the Bureau of State Services.

The state health departments—cooperation with whom is one of the leading functions of the Federal Public Health Service—are also considerably junior to the National Safety Council in the accident prevention profession.

We of the official health agencies come before you, therefore, to report and join with you to learn; we do not presume to instruct you concerning the problems of this field.

The public agencies have, indeed, received support as well as inspiration from private sources interested in home accident prevention. I refer to the generous contribution of the W. K. Kellogg Foundation, which has awarded grants making possible demonstration projects in home accident prevention. Three local health departments were thus enabled to undertake such projects in 1951, and 8 state health departments received Kellogg grants in 1953 for statewide demonstration projects (California, Georgia, Kansas, Kentucky, Maryland, Massachusetts, North Carolina, and Oregon).

At a recent meeting in Washington of representatives of these state and local demonstration projects the Public Health Service received the benefit of some half-dozen years of experience by typical official health agencies engaged in home accident prevention work, and we participated in a detailed evaluation of that experience. You will *not* be surprised to learn that, in all the reports and discussions of the group, great emphasis was placed on the value of cooperation with local branches of the National Safety Council.

It was the hope of the Kellogg Foundation, in sponsoring these projects, that the states involved would perpetuate the activities in the form of permanent programs, and it is equally the hope of the Public Health Service that this development will be a major result of the demonstration. It is still too early to tell how many of the seeds thus planted will grow into vigorous plants, but we have faith in this method of program development and, indeed, are committed to it as a principal modus operandi of the Public Health Service in carrying out its function of providing leadership to state and local health departments.

The public health movement in this country has come to recognize accident prevention as one of its prime responsibilities for the same reasons that carry weight with your own organization.

Accidents are now the leading cause of death at every age from 1 to 35. Accidents are now what tuberculosis was a half-century ago—the leading health menace to young Americans. These two grave and disturbing facts are in themselves, and standing alone, sufficient justification for intensive public health preventive effort at every level—Federal, state, and local.

. . . The techniques of prevention, perfected during the long fight against infectious diseases, are now being employed in the chronic disease area to minimize disability through early detection and to maximize rehabilitation. Accidents would seem to qualify as chronic diseases in this country, and we are all dedi-

*This is a talk entitled "The Accident Prevention Program of the Public Health Service" presented by Dr. Goddard at a panel discussion "The Need for Research in Home Accident Prevention" at one of the Home Safety Sessions of the 45th National Safety Congress and Exposition, October 23, 1957, in Chicago, Ill.

cated to the proposition that accidents are *preventable* diseases.

* * * * *

The Accident Prevention Program follows a traditional Public Health Service procedure by emphasizing two basic functions, namely research and consultation. On the one hand we have, during the few short months of our "Program" existence, drawn up plans for research studies designed to probe more deeply than has already been done into the behavioral problems that underlie accident causation; on the other hand, we attempted to supply service and technical assistance to state and local health departments concerned with accident prevention. We hope also to make a contribution to the accident prevention education field, to the extent that this is appropriate at the Federal level.

The three operating sections of our Program are designated as Operational Research, Program Services, and the National Clearinghouse for Poison Control Centers.

Operational Research is concerned with identifying the basic causes of accidental injuries, in developing and testing hypotheses for accidental injury reduction, and in developing and operating a program of accidental injury reporting which is basic to evaluation. Areas of research in which we shall concern ourselves in the future include:

1. *Studies of the behavioral and attitudinal aspects of accident prevention.*

Much more information is needed along the following lines: possible relationships between individual characteristics and the tendency to have accidents; the effect of individual attitudes on accident experience; possible methods of altering individual attitudes to achieve accident prevention; and evaluation of the effectiveness of attempts to produce safety-mindedness.

The ultimate goal, that of changing unsafe behavior to safe behavior, requires, we believe, extensive research in the directions enumerated.

2. *Epidemiological studies into accident causation.*

In 1948 Dr. John Gordon, at the Seventy-Sixth Annual Meeting of the American Public Health Association, delivered his now famous address on the epidemiology of accidents. In that speech he stated that the home accident problem should be approached in the same manner as any other public health problem, namely, (1) epidemiological analysis, (2) establishment of causes, (3) development of preventive measures, and (4) evaluation.

We in the Accident Prevention Program sincerely believe that the epidemiological approach will produce many tentative hypotheses which can be tested in accident prevention programs. Much of our effort in the years to come will be placed on epidemiological investigations into accidents. We propose to use the team approach in some of these studies, utilizing the skill of many professions, including engineering, social science, psychology, and statistics as well as medicine. During this fiscal year we have planned an epidemiological study of accidents in old people and one in children. We have planned an epidemiological study of injuries due to kerosene explosions in a Southern state and a large scale study of poisoning.

3. *Effect of physical conditions on accident causation.*

While we generally agree that physical conditions seem to affect accident occurrence, we are not sure to what extent they do so. While we feel sure that persons with diminished reflexes and failing sight are "more likely" to have an accident, we do not know to what extent people compensate for these defects.

We propose to find out more about the relationship of physical conditions to accidental injury experience in a group of old persons who have a complete physical examination and a continuous medical history. A complete history of their accidental injury experience will be maintained. Also in a large organization where physical examinations are given every two years and a complete history of accidental injury experience has been maintained, we propose to compare the physical status of those with frequent accidents to that of the accident free.

For our major research project in this area we propose to study a large prepaid medical-care plan, where complete medical care is furnished, including treatment of injuries, and where periodic physical examinations are performed. We propose to abstract the records of approximately twenty thousand members and relate the accidental injury experience to the various abnormalities.

4. *Effect of socioeconomic and cultural factors in accident causation.*

It would seem obvious that the types of accidents that people have are, in large part, a function of the nazards to which they are exposed, which in turn are functions of ways of living; for example, injuries caused by accidental ingestion of poisonous substances occur mainly in younger children while injuries from falls are frequent both among young children and very old persons. Deaths from automobile accidents are highest in the late teens and early twenties and are much more frequent in males than females. These are obvious differences in the types of accidents that occur to persons of different ages.

Some states have nonautomobile accidental death rates twice as high as other states and automobile [population] death rates five times as high as other states. Evidently geography affects the occurrence of accidents. The effect of income, education, family size, weather, etc., are less clearly defined.

During the fiscal year 1958 we intend to engage to a limited extent in studies of accidental poisonings, from data collected in connection with the national poison information center. We also intend to extend studies into accidental mortality in an attempt to identify some of the socioeconomic factors associated with excess mortality.

5. *Study of methods of secondary prevention.*

During the year we expect to engage in a study to obtain information regarding the types of persons administering first aid or emergency medical care and the kinds of emer-

1957 Congress Warrant. Arrest

—National Safety Council

J. L. Goddard, M.D., (standing) discusses the safety program of the PHS at a Home Safety Session of the 45th Natl. Safety Cong. Seated at the speakers table are, left to right, F. M. Hemphill, Sch. of Pub. Health, Univ. of Mich.; F. A. Van Atta, UAW, Detroit, Mich.; R. M. Kotte, M.D., AAP, Cincinnati, Ohio; A. P. Iskrant, PHS; J. K. Stack, M.D., Am. Assoc. for the Surg. of Trauma, Chicago, Ill.; and A. F. Schaplowsky, Kans. State Bd. of Health.

gency care given for different types of injuries resulting from various kinds of accidents. We hope, through this research, to improve the quality of first aid and thereby prevent much disability and death through more effective methods.

Currently we are participating in a study of the effectiveness of various types of treatment for kerosene poisoning, and we expect to expand this type of therapy evaluation to treatment for other types of poisoning.

I should like now to mention briefly some of the Program Services operations of the Accident Prevention Program, which supplement and complement our research work.

Services to states have included assignment of a medical officer to the New York State Department of Health. This officer helped to design a project for a Driver Research and Testing Center, a cooperative undertaking of the Bureau of Motor Vehicles and the State Department of Health. A public health representative was also assigned to assist the California Department of Public Health in activities connected with the Cornell Crash Injury Studies. These studies, as you perhaps know, have been conducted since 1952 in the Department of Public Health and Preventive Medicine, Cornell University Medical College, New York city, with the support of outside grants from the Commission on Accidental Trauma of the Armed Forces Epidemiological Board and the National Institutes of Health of the Public Health Service.

Assistance was provided to several states in developing portions of institutes on principles of epidemiology which presented the epidemiological aspects of accident control.

Consultative work done in various states has resulted in some specific results which may interest you. In Wayne County, Mich., for instance, experimental nursing records were revised to include recording and coding of specific work in accident prevention. In Pennsylvania long-range plans were developed for improving nursing services in home accident prevention.

In Rochester, N. Y., analysis of data concerning accidental injuries collected over a 3-year period by the staff of the Visiting Nurses Association resulted in revision of the record form to provide clearer information. In Arkansas a plan was developed to begin evaluation of nursing services in accident prevention and to provide a basis for staff education conferences to be conducted during 1957.

Assistance was also extended to educational institutions, such as the University of North Carolina and the University of Puerto Rico, in preparing and presenting courses on accident prevention to nursing, sanitary engineering, and medical students.

There has been increasing acceptance of accident prevention responsibilities by state and Territorial health departments during the year. Thirty-eight reported specific accident prevention services as part of their total public health program. Eleven additional departments, in their official state program plans, expressed an awareness of the problem and a desire to undertake accident services.

Following broadening of the scope of the Public Health Service Accident Prevention Program, there was an extensive movement among the state health departments to expand activities formerly directed toward prevention of home accidents. These enlarged activities are in such fields as traffic, school, recreational, and farm safety.

The training function is always a highly important operation in public health. This principle applies with more than usual force to the field of accident prevention. We plan to conduct training in accident prevention methods and techniques through assignments to schools of public health (and other specialized schools), through the organization of seminars in various parts of the country, through assignment of personnel to training situations in state and local health departments that are active in accident prevention work, and through financial aid to schools that will make possible the development of course materials and

curriculum content in accident prevention.

The third operational unit of the Accident Prevention Program is, as I have said, the National Clearinghouse for Poison Control Centers.

Staffed by a pediatrician, a pharmacist, an education specialist, a records analyst, and statistical and clerical personnel, the Program's Clearinghouse for Poison Control Centers has been set up to service the rapidly expanding network of local poison control centers which are now operating in more than 102 communities in 38 states and the District of Columbia.

The first local poison control center was opened here in Chicago four years ago as a cooperative undertaking under the chairmanship of Edward Press, M.D., jointly sponsored by the heads of the pediatric services in major local hospitals, by the Chicago Board of Health, the Illinois State Toxicological Laboratory, and other state and local agencies.

From this beginning the poison control center movement has spread throughout the country, preserving the initial purpose of supplying essential information on an immediate and round-the-clock basis to physicians who are treating cases of poisoning. Research, followup, reporting, and similar functions are closely related to this primary operation.

The National Clearinghouse for Poison Control Centers, which was established following requests for such a national service from the American Academy of Pediatrics and the American Public Health Association, has the following purposes:

1. Interchange of information with local poison control centers throughout the country.

2. Stimulation of development of new or improved methods of prevention and treatment of poison cases and encouragement of research, both basic and clinical.

3. Assistance to states and local communities in establishing poison control centers by providing technical assistance and consultation.

4. Study of national and area trends in poisoning and successful methods of prevention and treatment; preparation of news releases for professional and lay health education.

5. Serving as a repository of information voluntarily provided by manufacturers.

In connection with this last item the almost endless list of household products containing harmful ingredients has created what is perhaps the greatest potential accidental poisoning hazard. The American Medical Association estimates that a quarter of a million brand-name chemical products are now on the market. Here are a few categories of such products, suggestive of the extent to which these goods have become a common feature of the average American home: laundry and dry cleaning chemicals; cleaning, polishing, and deodorizing products; auto care and repair supplies; art and hobby materials; and the garden-group, composed of fertilizers, weedkillers, pesticides, and the like.

The Public Health Service believes that, whatever the organizational pattern of the local poison control center may be, the local health department belongs in the center of such a community activity. In New York city and in Florida, for example, it has been demonstrated that operation of a poison control center has strengthened the cooperative relationships between the health department and the local hospital and medical groups.

It is inevitable that the long experience of health departments in liaison and advisory operations can be of great value in the pooling of efforts and facilities that must be achieved if a successful poison control center is to be created in the community. Furthermore, the traditional public health techniques, such as epidemiology, case finding, and followup, lend themselves naturally to poison control work.

The processing of information received from all over the country will be a major activity of the National Clearinghouse. The analysis and tabulation of this material and the preparation of summary reports will be supplemented, from time to time, by the issuance of special reports devoted to new treatments, changes in formula of trade name products, new toxic materials or toxic materials encountered under new conditions, and the like.

Opportunities for further research will be brought to the attention of individuals and groups having competence in the areas involved. We need to know more, for instance, about the action of certain poisons, and experience has shown that some current forms of treatment are unsatisfactory.

In conclusion, I should like to emphasize that our plans for the future of the Accident Prevention Program of the Public Health Service have been formulated in cooperation with the leaders of many groups, both public and private, having long experience in the field. It was on the basis of recommendations by such groups that a categorical program in accident prevention was established at the Federal level, and we look forward to many years of fruitful collaboration with organizations such as the National Safety Council in mutual efforts to reduce the alarming hazard of accidental death and injury in this country.

ON THE CALENDAR

May 5, 6, 7, 1958; Allentown, Bethlehem, Easton, Pa.

31st Annual Eastern Pennsylvania Safety Conf. Contact: Harold A. Seward, Lehigh Valley Safety Council, 602 East Third Street, Bethlehem, Pa.

Sept. 18-19, 1958; Rockland, Maine

31st Annual Maine State Safety Conf. Contact: Arthur F. Minchin, dir., Ind. Safety Div., Maine Dept. of Labor and Industry, Augusta, Maine.

Oct. 20-24, 1958; Chicago, Ill.

46th Nat. Safety Cong. & Exposition. Contact: R. L. Forney, secy., N.S.C., 425 North Michigan Avenue, Chicago, Ill.

1957 Congress Inventory-Contest

—National Safety Council

C. W. Dreyer, chm., Inventory Com., Home Safety Conf., leads a discussion at a meeting in Chicago, Ill., October 23, 1957. Left to right are J. L. Goddard, M.D., B. Cervinski, A. F. Schaplowsky, D. Mersdorf, Mr. Dreyer, P. Dykstra, R. P. Douglas, H. H. Brainerd, Mrs. M. B. May, and R. C. Malmquist (representing B. R. Townsend).

NINETEEN HUNDRED and fifty-eight will witness the third nationwide home safety inventory sponsored by the Home Safety Division of the National Safety Council. This decision was announced by the N.S.C.'s Home Safety Conference's Home Safety Inventory Committee at the 45th National Safety Congress held in Chicago this past October. Based on the premise that it should begin to establish standards and norms for home safety programs, the 1958 Inventory will place greater emphasis on "method" than was true in 1956.

In a further amplification of the above premise, the committee listed the following as the two basic objectives of the 1958 Home Safety Inventory:

1. To stimulate the development, expansion, and coordination of home accident prevention programs in their respective areas.

2. Establish standards and norms which will facilitate the acceptance of responsibility for home accident prevention with official and voluntary agencies and business organizations.

Implementing the above objectives, attempts will be made to "inventory" only the national, state, and community headquarters offices of organizations, rather than the individual units of the organizations as in previous years. It is thought that the information obtained through such contacts will be more helpful for future programming purposes.

Once again in 1958, the Inventory will be conducted through state and local Inventory centers. Such centers will be established in each of the 48 states, approximately 100 selected "pilot" cities, and in communities selected by the individual state Inventory centers. Through utilization of the contacts offered them through the Inventory project, these centers have proved to be a most stimulating factor in the development of local and state home safety programs.

"Pilot" cities will be selected on the basis of past experience—where it is assumed that a sufficient number of organizations are presently conducting home safety activities—to provide a potential for future community programming in home accident prevention. In choosing these cities consideration will be given to geographical, population, and political organizational factors.

The National Safety Council will invite selected organizations or agencies in these communities to serve as the local Inventory centers. First choice will be given local safety councils where such exist, second to the health departments, and third to fire departments.

Upon appointment as an Inventory center the organization will assume responsibility for securing the completion of the Inventory forms from organizations in their community and for forwarding copies to the state centers and the N.S.C. The results of these "pilot" city Inventories will be tabulated and analyzed by the National Safety Council staff, and the Inventory centers will be informed concerning the results of this analysis. If financially feasible the local center will receive a report in quantity sufficient for local distribution. Likewise, public presentations of the results will be made by N.S.C. staff were practicable and within budget limitations.

In a similar manner, state-level organizations in their respective states will be requested to serve as state Inventory centers. These centers will be responsible for securing completion of special forms from official state agencies, state headquarters of selected statewide organizations, county agricultural extension offices, and health departments outside the jurisdiction of local Inventory centers.

These state centers will be urged to establish local Inventory centers in communities not already designated as such by the N.S.C. Forms for these centers will be provided by the N.S.C.; however, such local

centers cannot be serviced as to analysis and presentations by N.S.C. staff.

The state forms will be returned to the N.S.C. for tabulation and analysis. The N.S.C. will inform the state Inventory center concerning the results of this analysis, and where feasible, the staff will make public presentations.

The national headquarters of selected organizations will also be asked to complete a questionnaire form regarding their home safety activities on the national level. These offices will also be asked to encourage their state and local affiliates to participate in the 1958 Inventory through their state and local centers.

Thus, it can be seen that agencies and organizations on all three levels of operation will be involved in the survey of 1958 home safety activities. However, rather than contacting thousands of local organization units, as was done in the 1956 Inventory, *only national, state, and local headquarters, or offices, of organizations will be queried.*

The forms for the 1958 Inventory will be much more specific than was true of the 1956 questionnaire. Separate forms for each type of organization will be included in "packets" to be sent to each Inventory center. Three different packets will be developed by the N.S.C. staff in consultation with authorities in various safety fields—one for use by national organizational headquarters offices, one for state Inventory centers, and another for community Inventory centers.

Forms for the cities will be more comprehensive than those for the states, but generally comparable. Each state and local packet will contain report sheets designed to be used by three general categories of agencies and organizations—official, voluntary, and business and industry. The forms for the national headquarters offices will be designed with emphasis on determining program goals and methods and on content and services offered to their own organizational units, other organizations, and the general public.

A proposed timetable for the 1958 Inventory has been suggested by the Inventory Committee. While the dates are not absolute or binding, they will serve as guide lines in the development of the Inventory for 1958. The timetable for the remainder of 1958 is presented below to alert all individuals likely to be involved in this project as to deadlines, etc., with which they may be concerned:

1. *February 1, 1958.* — Submission via mail of January 15 meeting version of report form and listing of pilot cities and criteria for their selection to Inventory Committee.

2. *February 24, 1958.*—Meeting of Inventory Committee, in Chicago.

3. *March-June, 1958.* — Discussions with state and local Inventory directors.

4. *June 30, 1958.*—Packages of forms with letters of instructions to state and local Inventory directors.

5. *November 30, 1958.*—All packets of completed forms returned to the N.S.C.'s Home Safety Division office.

Past inventories have alerted home safety leaders to the fact that great things are going on in states and communities throughout the Nation. Just how effective are these activities? Are there noticeable gaps, or needless duplications, in these community or state-level programs? Are they being geared to meet the area's specific home accident problems? Are these activities largely individualized, organizational efforts, or are attempts being made to coordinate the efforts?

These, and others, are some of the questions the 1958 Inventory will be attempting to answer. Help in securing these answers is earnestly sought from organizational, civic, and business leaders. Won't you cooperate when your local or state inventory director solicits your assistance?

'58 INVENTORY TAKES SHAPE

Members of the Home Safety Inventory Committee are: Chairman Clinton W. Dreyer, Eastbay Chapter, N.S.C.; J. Robert Anderson, Va. Dept. of Health; Mrs. P. D. Bevil, NCPT; Harry H. Brainerd, Western Pa. Safety Council; Russell Brown, Iowa Dept. of Pub. Safety; Bernardine Cervinski, N. Dak. State Dept. of Health; R. P. Douglas, Detroit Edison Co.; Glenn G. Fleming, Celanese Corp. of Amer.; J. L. Goddard, M.D., PHS; Donald M. Higgins, Boy Scouts of Amer.; Curtis B. Patterson, E. I. du Pont de Nemours & Co., Inc.; B. Richter Townsend, Int. Assoc. of Fire Chiefs; and N.S.C. staff representatives Philip Dykstra and Doris Mersdorf.

Members of an Advisory Subcommittee to the Home Safety Inventory Committee are: M. F. Biancardi, Allis-Chalmers Mfg. Co.; Eunice Heywood, USDA; Mrs. Marjorie B. May, Greater N. Y. Safety Council; Harold D. Rose, Mass. Dept. of Pub. Health; A. F. Schaplowsky, Kans. State Bd. of Health; and H. C. Steed, Jr., Ga. Dept. of Pub. Health.

They're Preventing

By Reynold C. Malmquist

First Vice President
International Association of Fire Chiefs
and
Chief
Minneapolis Fire Department
Minneapolis, Minn.

IT DOES MY HEART* good and is a great revelation to know that so many people and organizations have banded together to assist in preventing accidents, and of course in that category comes preventing fires before they start.

I am reminded of a story that I heard a number of years ago about a small child that was lost in the wheat fields of North Dakota. The parents were frantic from looking for their child in the maze of wheat acreages and called on the neighbors for assistance. An alarm was sent out, and the farmers responded from all neighboring communities to aid in finding the lost child. They ran here and there, but with no results.

Finally someone said "Let's join hands and make a great big circle as we expand." The several thousands of people joined hands to form a small circle, made a huge circle from a small circle, and covered all of the area in that vicinity. Sure enough the child was found sleeping in the wheat fields. Now, this was brought about because the people themselves decided to join hands in an attempt to find the lost child.

* * * * *

The same thing holds true in our attempting to prevent the loss of life and the start of fires in this country. The more we join hands with other organizations, the greater the possibility we have of reducing the loss of life and losses from fires. No one fire department or no one organization is large enough or capable of doing the job alone. Therefore I feel that this meeting is one of great importance.

When we consider that we are approaching or probably already have arrived at the one millionth fire per year and that our fire loss will probably exceed the one billion dollar mark, we realize the challenge which confronts us, at least economically.

Serious as these figures are, the most tragic results from these fires are the loss of over 10,000 of our citizens with probably 4,000 of the victims young people who have not had an opportunity to live [as reported by the National Fire Protection Association].

The International Association of Fire Chiefs is truly an international organization concerned with the problem which confronts the chief fire officer. As an administrator, the fire chief's duties today are not solely concerned with the extinguishment of fire. He must be equally concerned with the frequency with which fires occur. The best-trained men and the most modern equipment are available to him in his fight to extinguish the fire. Manpower and sound planning are needed to help him to prevent fire from occurring.

With this thought in mind, the International Association of Fire Chiefs 2 years ago entered into a program of promoting the inspection of the home. When this program was undertaken, there were many who felt that because of the sanctity of the home the right to enter it by firemen would be seriously questioned.

I am happy to report to you today that the home inspection program to date is successful and that at the end of the year the ten millionth home in the United States and Canada will have been visited by members of the fire service. Generally speaking, the program is planned on a year-round basis, and while it is a part of fire prevention, the activities are not limited to Fire Prevention Week.

While it is true that any experienced fire officer can, from his desk, describe the conditions which make fire a receptive visitor in the home, the challenge to him is to bring this information to the homeowner and his family in such a way that common, everyday carelessness will not sadden his residence.

We have found that where the home inspection program enjoys the support of the chief executive of the state, it is much easier to consolidate our work and effort. Some 22 states of our Nation are now actively engaged in the home inspection program. In the other states many of our departments have developed new ways to "back the attack on fire."

While statistics are dry, cold figures, sometimes they can be used to point up areas requiring additional consideration. We found that 94 percent of our citizens invited our firemen to their homes. The remaining 8 percent seemed to feel that this would be an intrusion in the home. Wherever a program has been successfully conducted for a 12-month period, we found that there was an approximate 30 percent reduction in calls to the fire department for fire emergencies in the home.

America today is an industrial and chemical Nation. It is right that it should be, for our standard of living is the highest of any country in the world. Yet we can also brag

*This is a talk entitled "Home Fire Inspections by Fire Departments" presented by Mr. Malmquist at a Home Safety Session of the 45th National Safety Congress, October 23, 1957, in Chicago, Ill. Some introductory remarks as well as the ellipsis indicated have been ommitted.

Fires, Too!

that the loss from fire is equally high. No other country in the civilized world could support this tragic waste of manpower and natural resources year in and year out.

Hand-in-hand with this improved standard of living come the many new inventions and processes which make the home a better place in which to live. Our homeowners are not necessarily engineers or firemen, and, while they enjoy modern, scientific developments and improved household equipment, they fail to recognize that while safe they may contribute to a problem which is dangerous and hazardous to them.

The trained fireman can bring these points of danger to the attention of the homeowner. In turn he will develop a friendly public relations program which places the fireman as the partner in this group of public officials who are working for the safety of their citizens.

Those of you who have been actively engaged in the development of safety programs know full well that the success of any program depends upon the details of the planning. There is no spot where this is truer than in the area that undertakes the home inspection program. It is necessary that the chief completely sell his governing body on the intent and purpose of fire prevention in the home.

It is necessary that he sell the skeptics the soundness of bringing home inspections to the citizens of the community. Many will say that this is evidence of the rapidly developing theory of a police state. If steps taken by the department are so judged and if subsequent investigations by other municipal agencies indicate that the information derived from home inspections is used for other purposes, the program will fail.

Our friends of the press, TV, and radio can do much to bring the problem to the homeowner. They can open the doors when they present fairly the soundness of the program and the reasons why it has been undertaken.

Generally, we find that our fire department personnel, once they understand the need for home inspection, undertake it as a part of the fire prevention program. They should be thoroughly versed in the reasons for the program. They should be trained on their approach to the public because usually it has not been within the scope and duty of the firemen to make good will calls. They must develop a spirit of cooperation and helpfulness. They must never institute inspections in the spirit of an investigation. They must assume that the conditions they find are human failures and are not developed as the result of intention or design.

In many of our communities the home inspection visit has been followed up by a personal telephone call by a chief officer. This gives evidence to the homeowner that the program is supported by the entire department. It also acquaints the homeowner with the recognized fact that he has been pledged, with his neighbor, to maintain a fire safe home.

The National Safety Council has become a partner with the fire chief in this program. Their annual Home Safety Inventory now questions the fire activity in the communities surveyed. This, in turn, acquaints the fire chief with the fact that his work is being recognized by committees which normally undertake safety programs locally. In many communities fire chiefs are placed on the advisory boards of such committees. To a greater degree the Inventory places before a fire chief a challenge to make his area a safer place in which to live.

Many of you, I am sure, are wondering how long an active program of this type can be kept going. As we envision it, there is no limit to the preventive side of fire fighting.

Our association is seriously considering the promotion of fire administration training on the college level. Should this be developed, we hope to include more and more fire prevention training in our teaching to firemen each year.

The day has long since passed when we considered the fire service as only an extinguishing agent which should remain exclusively within the fire station until some area of trouble develops. While it is true that there is considerable activity which can only be undertaken in the fire house, it is equally true that, if we are to reduce the number of fires and the loss of lives, which are increasing each year, we must take our problems to the people who are, in fact, our customers.

Safety in the home has now reached the level of importance that safety in industry arrived at some time ago. This is correct because today more people are spending a greater number of hours in their homes than ever before.

There are many programs being undertaken to bring to our children —and through our children to their parents—the need for fire safety. We in the fire service feel that we must back up these programs by emphasizing to the parents the need for them to use the greatest care and consideration possible in order that their homes may be kept intact and that their children may have the privilege and the right to grow up and enjoy the benefits which are ahead for those living in America.

Not recd.

This is a section of the "Safety in the Home" exhibit displayed in the upper waiting hall of the British House of Commons in March 1956.

British Home Safety Exhibit

THE HOME SECRETARY sponsored an exhibit on home safety during March 1956 in the upper waiting hall of the House of Commons, London, England, which was arranged by the All-Party Home Safety Group. Most of the material for the exhibition was provided by the Royal Society for the Prevention of Accidents and the British Standards Institution, according to a report in the Spring 1957 issue of the *Home Safety Bulletin* of Ro.S.P.A. They state:

"The aim of the exhibition was to present the case for home safety activities to Members of Parliament, and material presented showed the statistics for home accidents compared with all accidental deaths, the way in which the various age groups are affected, the most frequent causes of home accidents, and the tragic injuries resulting from them. This latter point was illustrated by photographs lent by surgeons for the occasion, and brought home in a very forceful manner the injury and disfigurement that can result from accidents in the home. The exhibition also included a map of the British Isles showing the distribution of local Home Safety Committees and Local Authority subscribers to the Society's Home Safety section, and a list of all those national organisations represented on the National Home Safety Committee and on local committees who act in an advisory capacity in specialist fields, or who promote home safety through their own activities.

"The British Standards Institution provided a display of household appliances for which Standards with safety clauses exist, stressing the way in which environmental hazards can be reduced by the choice of these 'kite-marked' articles.

"The exhibition was formally opened by Mr. J. E. Simon, Joint Under-Secretary, Home Department, and M. P. for Middlesbrough West. The Chairman was Mr. Hilary Marquand, M. P. for Middlesbrough East, and Joint-Chairman, with Dr. Donald Johnson, of the All-Party Group. During the week the exhibition was visited by the Home Secretary, Mr. R. A. Butler, who was accompanied by Mrs. Patricia McLaughlin, M. P., and who, with Mrs. Jean Mann, M. P., is Joint-Secretary of the Group."

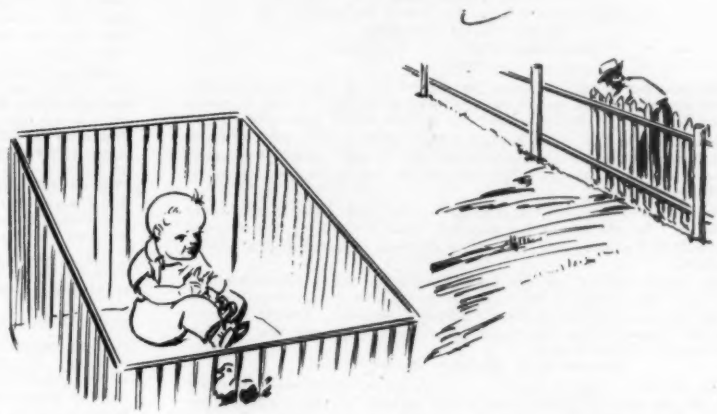
Who IS RESPONSIBLE?

THIS 5-MINUTE radio script "Who Is Responsible for Home Safety?" is from Miss Mae Frazier of the Johnson County Health Department which is cooperating in the home accident prevention program sponsored by the Kentucky Department of Health. The script was used by the county health department in a radio program.

MISS FRAZIER: Every member of the family is responsible for making the home a safe place in which to live. The parents are directly responsible in that they start teaching the child safety at an early age and delegate responsibility to each child as he is ready for it. It is up to the parents to make sure their home is a haven and not a hazard. When should safety teaching begin, Mrs. Akin?

MRS. AKIN: The child must have 100 percent protection during the first year. Some education can start at 2 years of age. He can be educated to know the meaning of hot and learn respect for fire through harmless experience. As he grows older, the parent should guide him in the safe use of toys and equipment. To teach safety parents must set a good example of safe habits in everyday life and must be alert to creating a safe environment for their children. A pattern of safe behavior should be established by the time the child is ready to go to school. He still must have some protection because of unknown hazards, but the foundation for safety will have been laid.

MISS FRAZIER: Although every parent worthy of the name puts forth his best effort to safeguard the health of his children, it is obvious that many have overlooked the equally important task of teaching their children the principles of day-by-day safety. Children are active and heedless by nature and are especially vulnerable to accidents, but by continued stressing of a few basic principles of safety parents can do much to save them from injury and suffering—a child needs to touch, to feel, to investigate. Only parents can follow their growth, anticipate accident situations, and take steps to prevent them.



He'll be too active to be content in a playpen when he starts to walk. A fence around the yard will give him more freedom until you're sure he'll stay out of the street.

MRS. AKIN: The children in the family especially will benefit from the security which comes from living in an environment where safety is practiced. The safety lesson they learn at home from the attitudes and habits of those around them will develop in them a sense of self-reliance, cooperation, and responsibility.

MISS FRAZIER: We should try to provide attractive play areas for children both indoors and outdoors so that we can watch them while we are performing household duties. Safety gates across porches and at tops or bottom of stairs will protect the child from many a serious or even fatal fall. Select your children's toys with care. Avoid buying articles which can be easily swallowed or which have poisonous paint. Keep poisons under lock and key. Keep knives and other sharp utensils out of reach of small children, and teach older children the proper use of them. Teach children how to use household equipment safely, and teach them not to attempt new feats without proper instruction.

MRS. AKIN: We as parents must be alert to this very challenging responsibility if we are to reduce the number of home accidents here in Johnson County.

MISS FRAZIER: It is a good plan to have the family get together periodically for discussions on safety. This will help to maintain a safe environment. In teaching safety see that each member of the family shares the responsibility of safety for himself, his family, and others. Learning and following safe habits at home will encourage safety-consciousness at all times—at work, while driving a car, while playing, or while participating in any other activities.

MRS. AKIN: To prevent accidents of all kinds, then, the work begins in the home with very small children being taught safety day by day. . . .

LEADING A DISCUSSION? HERE'S A GUIDE

1957 Women's Safety Program
Second Quarter Subject—Good Housekeeping

Safety Source Book
Leader's Outline: Safety Discussions and Contacts
Women's Safety Committee
Long Lines Dept., A. T. & T. Co.
General

The attached Leader's Outline on the subject of Good Housekeeping is for use during the second calendar quarter of 1957 in the Women's Safety Program. It should be included in your Safety Source Book.

In addition to the standard PICK-IT-UP, PUT-IT-UP, AND CLEAN-IT-UP approach to good housekeeping, this Leader's Guide emphasizes doing housekeeping the safe way as well as the cooperative aspects to good housekeeping.

About 25 to 30 minutes are required for the presentation of this safety discussion. In addition to the attached Leader's Guide, a poster (copy attached) and a take-home reminder in the form of a potholder are being provided.

The March subject for the Interdepartmental Safety Committee was also Good Housekeeping. However, the material in the attached Leader's Guide has been approached from a woman's viewpoint. Leaders conducting the women's safety meetings should, therefore, be sure that the correct Leader's Guide is used.

Description of Discussion Leader's Guide

The discussion leader's outlines are designed to provide the supervisor with all the material that is required for making the presentation. Thus only a limited amount of time is necessary for preparation. Practical hints and directions for conducting the discussion so as to ensure employee participation are written into the guide and previous experience in leading discussions is not a requirement.

In addition to suggested remarks by the leader, questions have been placed at the proper points in the outline to initiate discussion. As an aid, possible responses to the questions have been shown and the desired response around which the discussion centers has been indicated. Of course, as mentioned in the guide, in those cases where the desired response is not forthcoming within a reasonable time, the leader can introduce it into the discussion on an "I wonder if this may be the case" basis.

Because limited discussions of this type lose their effectiveness when the discussion wanders, the leader should tactfully rule out material or responses of a slightly related or general nature and center the discussion about items which are directly related to the particular question under discussion. The importance of group discussion cannot be overestimated in presenting safety subjects. However, the clarity, sharpness and convincing qualities of a discussion depend upon the leader's keeping it on the beam as well as interesting. It is desirable to refer to the poster associated with the discussion and display it to the group. The take-home item is best distributed at the close of the discussion as provided in the leader's guide.

Opening Remarks by Leader

There is one thing that is an impossibility in a Woman's World! A person just cannot be charming and personable without having that well-groomed look. Even men have been known to say "she would certainly be a knockout if she had that certain something that goes with good grooming."

Back in the good old days, another indispensable measure of a woman was her housekeeping. And, I don't think things have changed a bit today. No matter how sharp she looks herself, if her home doesn't have that well-kept look directly reflecting her personality, a girl just isn't in the running. In fact, there was an old adage that said, "Beware the woman who isn't a good housekeeper."

From a safety standpoint, there is no question but that good housekeeping and safe living are an inseparable pair and it is just as true off as on the job. Good housekeeping is still the best gauge of a girl's safety I.Q.

Let's see what we mean by the words "Good Housekeeping."

Leader's Questions	*Possible Group Responses*
What are some of the things that make up good housekeeping? (Leader should list these items. Idea is to get a number of expressions of the type shown.)	1. Washing the windows often. 2. Keeping floors waxed and polished. 3. Not letting dirty dishes sit around unwashed. 4. Picking things up so they won't be stumbled over. 5. A place for everything and everything in its place.

Leader's Remarks

That's enough things for now. If we kept on we would probably end up with a list of one or two hundred! It seems to me the things we have named are of the PICK-IT-UP, PUT-IT-UP, CLEAN-IT-UP variety—good old standard housekeeping items that have been part of safe living from the beginning of time.

In addition to PICK-IT-UP, PUT-IT-UP and CLEAN-IT-UP, good housekeeping has many, many safety angles to it, for all of these things can be done one of two ways. They can be done with safety in mind or without paying any attention to safety—and when I say "safety," I include health and hygiene, too. Is a woman who picks up something and puts it on the cellar stairs or on the stairs to the upper floors really doing it safely? Wouldn't it be much safer if it were put away in the closet or on the shelf or wherever it belongs? I guess everyone has heard of Fibber McGee's hall closet! It's about as good an illustration that I know of that "out-of-sight, out-of-mind" is not the best housekeeping or the safest procedure. To be good housekeeping, it must be safe housekeeping, too, and that includes doing the housekeeping itself in a good safe way.

Just to make sure we all understand this *doing* housekeeping the safe way, I'm going to mention a few actual off-duty accidents and ask you to tell me how they might have been prevented.

Case No. 1

Here's one that keeps coming up because we gals do love to rearrange furniture. The lady of the house moved a secretary to the opposite wall all by herself—result—a sprained back and three days in bed.

Leader's Question	*Desired Response*
What should she have done instead of moving the desk herself? (Desired responses only will be listed in these cases. After leader asks question she should name someone in group to reply. If desired response is not volunteered, leader should bring it in on an "I wonder if" basis.)	She should have had help or she could have waited until her husband got home to move it. Never try to do things beyond your strength.

Case No. 2

Clean windows are fine but standing on an overstuffed chair arm is no way to reach them. A broken wrist proved that.

Leader's Question	*Desired Response*
What would you say is the *safe* way to reach the top of your windows?	Get a stepladder or a stepstool.

Case No. 3

The man of the house wanted his meal in a hurry. But did he get it? No, I'm afraid not. Instead the cook got a very severe burn by grabbing a wet dishcloth to lift a sizzling hot pan from the stove.

Leader's Question	*Desired Response*
I'm sure we all know the answer to this one but, for the records, what would you say it is?	Have potholders handy and use them.

Case No. 4

Sister was in a hurry to put away the iron. She was on her way to a dance. But what about little brother? He opened the cupboard door and bang—out fell the iron. No, sister had not placed it evenly and securely on the shelf and brother got a bop on the head and a fractured skull.

Leader's Question	*Desired Response*
What's the answer to this situation? It's an easy one but something that can be overlooked when we hurry.	Be sure to place things on cupboard shelves so they will not tumble out when the door is opened the next time.

Leader's Remarks

These accidents certainly show that doing the housekeeping itself in a safe way is pretty important to the housekeeper.

Just as living goes on day after day, so does housekeeping. You all know—and I'm sure subscribe to the line—"woman's work is never done." But if life is worth living—and it is—it's up to us to make it that way. One of the biggest contributions to happy living is good housekeeping. And from our discussion so far we've found that this means safe housekeeping.

Safe housekeeping includes doing what has to be done, when it has to be done, and making sure that things are kept in good condition. Re-

Pa 841

Right is one of the posters used in the A. T. & T. off-the-job program.

THE LEADER'S GUIDE reprinted here is one of several published by the Women's Safety Committee, Long Lines Department, American Telephone and Telegraph Co., New York, N. Y., for the use of safety supervisors. All A. T. & T. supervisors are introduced into training in discussion leading.

A copy of the poster which would be posted throughout the work location, also reproduced here, is shown to the group at the end of the discussion, and take-away articles such as the pot holder mentioned in this guide and an ashtray mentioned in another are furnished by the company for distribution at the end of the meeting.

pairs are pretty important to safe housekeeping. So, if there's a man around the house, it may take a little talking to get him to work (not nagging, of course) but unless the repairs are made, safe housekeeping will go out the window.

How often have we heard the homemaker say—usually in exasperation—"If you'd only help out a little!" Yes, getting the cooperation of all the members of the family is a pretty important part of good housekeeping. Did you ever see a house in which everything was left up to the woman of the house? Children's clothes hung here, there and everywhere! Toys dropped where they were used! Do-it-yourself tools left where it *wasn't* done.

Yes, a very important part of good housekeeping and safe living is largely dependent upon selling it to the other members of the family. What one person can do in several hours can be undone in a very few minutes by the other members of the family.

Here are some accidents that might have been prevented if cooperation had been preached and practiced in these homes. Let's look at them from that point of view.

Case No. 1

Father was working on the car in the garage. Man-like, he got grease all over the floor and then didn't clean it up. The next day, mother went out to go shopping in the car, slipped in the grease and fell, breaking her arm.

Leader's Question	*Desired Response*
How do you think this accident could have been prevented? (As in the previous cases, only the desired response will be listed.)	The grease should have been cleaned up by the one working on the car.

Case No. 2

Mary came home from a high school party and left her portable radio on the stairs. Mother, carrying a tray of dishes from a sick room, tripped over the radio, fell and cut an artery on the broken glass.

Leader's Question	*Desired Response*
Where does cooperation enter here? Would it have prevented this case?	Never leave things on stairs, even temporarily. They're easily forgotten and disaster results.

Case No. 3

The window cord broke when father was raising the window. Since it was a warm day he placed a prop under it to hold it up, intending to fix it later. But before "later" arrived, mother accidentally knocked out the prop and the window came down on her hand, badly bruising it.

Leader's Question	*Desired Response*
Father had a twofold cooperative duty here. Do you know what they are?	All repairs should be made promptly for others in the family may forget or not be aware of the hazardous situations.

Leader's Remarks

Yes, the solutions to these cases have all been easy because they are after the fact. But we must learn to look ahead and plan so that situations such as these won't exist in *our* homes. That means that we women must sell all the members of our household on cooperation. It is impossible for us to be everywhere at once and see everything that happens.

From our discussion it is pretty evident that home management and good housekeeping go together. Also that the only good housekeeping is safe housekeeping.

As we have seen, housekeeping is not just a matter of PICK-IT-UP, PUT-IT-UP and CLEAN-IT-UP. Even though that is important, it won't work unless we do some other things, too. As we found out, these include doing the housekeeping itself in a safe manner and getting the cooperation of the rest of the family by *selling them* on safe housekeeping. Remember, there is only one time to do safe housekeeping and that is *all* the time, for safety is a matter of not putting it off but doing it now.

When we sum it all up in a few words, it comes down to this—A house is not a home unless it is lived in; to live in it happily we must live in it safely, and living safely calls for good housekeeping in all the ways we have discussed.

As a practical reminder that safe housekeeping is important, I am going to give each of you one of these pot holders. Watch for this poster (hold up poster) which will be displayed as a reminder of our discussion.

By F. T. Bailey, Jr.

Safety Dept.
Electro Metallurgical Co.
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Niagara Falls, N. Y.

HOME SWEET HOME* would be considerably sweeter if we could cut down the number of those infernal nuisance injuries that plague just about everybody. You know the kind—cuts, bruises, mashed fingers, etc., that hurt but don't rate sympathy. We've found that increasing numbers of these so-called nuisance injuries (in industry we call them reportable injuries) eventually lead to more serious or disabling injuries which prevent individuals from performing their normal activities, either temporarily or permanently.

Here at Electromet, we began comparing off-the-job safety with our regular industrial safety programs. We wondered why we couldn't promote the same safety standards at home that we do at the plants. If the plant accident rate is down, why can't the at-home rate be cut, too? The comparison showed us that there is really no difference between the basic characteristics of industrial and home safety, except the frequency rate. And what a difference that is!

We base our frequency rate on the number of disabling injuries that occur every million working hours. In other words, if we have two disabling injuries in a million working hours, our frequency rate would be 2.0. During 1956, Electromet's industrial frequency rate was 2.5 while our off-the-job frequency rate was 10.5. Just think—we had 52 disabling industrial injuries last year, but during the same period, 398 disabling injuries occurred to our employees while they were outside the plant. That means for every person injured in the plant, seven employees were disabled off the job. Sounds exaggerated? These are facts backed up by insurance claims. Imagine how many more injuries occurred during the year that were not serious enough for insurance claims.

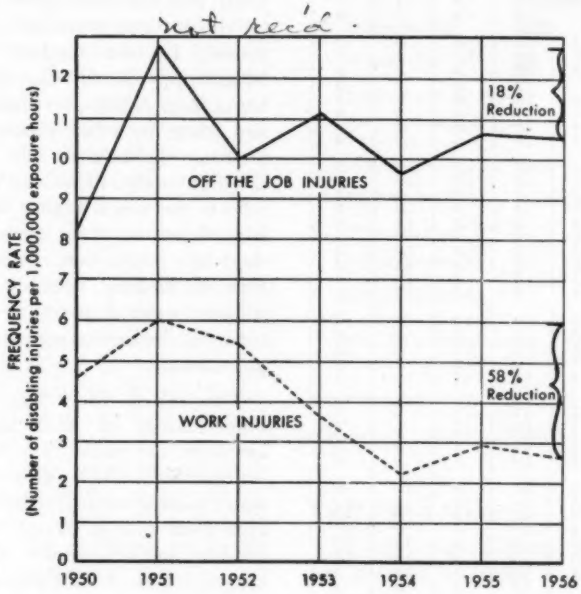
Nuisance and disabling injuries are similar in several respects. They are both expensive, uncomfortable and unwanted and usually come about because of carelessness. The only major difference between them is the extent of damage to the body. Many times, just by sheer luck, a finger was cut but not severed; or a back was bruised but not broken. And how many times has a nuisance injury developed into a disabling injury because of a person's hesitancy to get first aid?

These injuries could be greatly reduced if people would think of safety at home as they do while working at the plant.

The accompanying graph shows that in five years, we reduced our industrial accident frequency by more than half (58 per cent) but

*This article "Home Sweet Home" by Mr. Bailey and its illustrations have been reprinted from *The Tapping Pot*, vol. 26, No. 8, p. 10 ff., August 1957, published by Electro Metallurgical Co., Div. of Union Carbide Corp., Niagara Falls, N. Y.

off-the-job safety came down only 18 per cent. We believe that the reduction in work injuries was brought about primarily by active safety programs which have trained our people to think of safety as part of their job. However, we can't have a safety supervisor or department foreman in every home—or can we? If every employee acted as a representative of Electromet's Safety Division in his own home, perhaps we could avert a considerable number of accidents. If, as is now the case, one out of every 25 employees loses



time because of an off-the-job injury, how many dependents of our employees are hospitalized with injuries that could have been averted?

After making a study of its records, the Texas City Plant of Union Carbide Chemicals found that for every off-the-job injury suffered by an employee, three more were suffered by their dependents. Perhaps that points out the need for a safety-conscious person around the home.

As a safety representative of the Company, you would be charged with several responsibilities. You would have to perform inspections of the various departments of your home, as is done at the plant. You would have to note hazardous operations and suggest safer and more effective methods of performing these operations. And you should hold periodic safety meetings with your family.

The kids would probably find the safety meetings a lot of fun. You could talk about instances when you have noted unsafe conditions or practices in the household since the previous meeting. Safety men have to realize that, primarily, safety is just good common sense.

Statistics have a limited value. They can show us what our experience has been in the past but only give us an idea of what will happen in the future. Employees with their family's well-being at heart can readily see that an economic loss is a good possibility with odds at 1 to 25. Safety isn't just an intangible concept but is a real, everyday factor that we can utilize to work for us.

We reduced our frequency rate. Can you do the same?

Geographic Variation in Fatal Accidents

THE MORTALITY* from accidents in the United States shows a characteristic geographic pattern year after year. The highest death rates are recorded among the residents of the Mountain region, while the lowest rates are found among those residing in the Northeast. In 1954-55, the six States with the poorest records—Nevada, Montana, Wyoming, Idaho, New Mexico, and Arizona—were all sparsely settled areas in the Mountain region. As may be seen in the table . . . the fatal accident rate in Nevada and Montana exceeded 90 per 100,000 population, which was more than 1½ times the national figure. At the other extreme were New Jersey, New York, and Rhode Island, with accident death rates under 45 per 100,000.

The geographic pattern for all types of fatal accidents as a group is determined in large measure by the variations in the motor vehicle accident death rate. In the Mountain States the mortality from such accidents—32.9 per 100,000 in 1954-55—was more than twice that in either the New England or the Mid-

*This article entitled "Geographic Variation in Fatal Accidents" has been reprinted from the *Statistical Bulletin*, vol: 38, p. 6, September 1957, published by the Metropolitan Life Insurance Co., New York, N. Y.

AVERAGE ANNUAL DEATH RATES PER 100,000 FROM SELECTED TYPES OF ACCIDENTS

By Geographic Divisions and States, 1954-55

(By Place of Residence)

Area	Accidents—Total	Motor Vehicles	Falls	Burns and Conflagrations	Drowning	Firearms	Machinery	Water Transport	Poisoning by Solids & Liquids	Absorption of Poisonous Gas
United States	56.4	22.8	12.3	4.4	3.1	1.4	1.2	.9	.9	.8
New England	52.1	14.1	20.6	3.5	3.0	.6	.7	1.1	.8	.9
Maine	58.0	18.4	12.6	5.5	4.2	1.6	1.5	2.8	.8	1.6
New Hampshire	52.8	17.2	16.1	4.6	3.6	.8	1.1	.8	1.0	.6
Vermont	55.4	18.3	14.8	3.2	4.2	1.4	2.3	1.9	.5	.8
Massachusetts	54.8	13.1	25.9	3.5	2.7	.5	.6	.6	.7	.8
Rhode Island	44.0	10.7	18.3	2.7	3.0	.4	.3	2.0	.9	.6
Connecticut	46.0	14.2	15.1	2.6	2.7	.4	.6	1.0	1.0	1.0
Middle Atlantic	45.9	15.2	15.4	3.2	2.6	.6	.7	.6	.6	1.0
New York	44.2	14.2	15.4	3.0	2.6	.5	.6	.6	.5	1.1
New Jersey	41.6	14.4	12.7	3.3	2.6	.4	.5	.6	.5	1.0
Pennsylvania	50.7	17.0	16.5	3.4	2.1	.8	1.1	.5	.7	1.0
East North Central	54.8	24.0	13.2	3.5	2.7	1.0	1.2	.9	.6	.8
Ohio	55.0	23.2	15.1	3.5	2.2	.7	1.1	.7	.6	1.1
Indiana	61.9	25.9	15.7	4.4	2.7	1.3	1.3	.6	.7	.8
Illinois	50.3	20.7	11.9	3.6	2.7	1.2	1.2	.6	.7	.8
Michigan	57.1	28.3	11.4	3.2	3.1	.9	1.0	1.3	.5	.7
Wisconsin	53.6	24.1	12.6	2.3	3.1	1.0	1.8	1.4	.5	.6
West North Central	63.5	24.7	15.0	4.1	2.7	1.5	2.4	.8	.6	.7
Minnesota	54.1	21.0	13.8	3.0	3.0	.9	2.1	1.3	.7	.9
Iowa	62.9	23.7	17.2	3.6	2.5	1.0	3.0	.8	.3	.5
Missouri	66.9	25.1	16.8	5.0	2.4	2.1	1.9	.8	.9	.5
North Dakota	63.0	25.8	11.5	3.3	3.6	2.2	3.9	.8	.5	.9
South Dakota	67.9	27.5	11.7	3.3	4.0	2.4	3.6	.8	.6	.9
Nebraska	62.4	24.6	14.1	3.6	2.6	1.4	2.9	.4	.6	.4
Kansas	71.9	29.5	13.4	5.3	2.6	1.6	2.1	.4	.5	.9
South Atlantic	59.2	24.4	8.8	5.7	3.8	2.0	1.1	1.3	1.2	.5
Delaware	59.1	24.6	10.1	5.3	4.4	.7	1.5	2.5	1.4	.5
Maryland	50.2	18.7	11.5	4.4	3.1	1.0	.9	1.2	.8	.5
District of Columbia	50.3	13.2	18.9	4.3	2.3	.3	.2	.9	1.0	.3
Virginia	56.6	22.5	9.0	6.5	3.4	1.6	1.0	1.2	1.2	.4
West Virginia	59.7	19.8	10.1	5.2	3.6	2.6	1.8	.6	.8	1.1
North Carolina	59.2	26.7	6.8	5.5	3.9	1.8	1.2	1.4	1.2	.3
South Carolina	60.3	26.8	5.3	7.2	4.0	2.6	1.2	1.2	1.6	.3
Georgia	64.3	28.2	7.3	7.1	3.5	2.6	1.5	1.2	1.4	.4
Florida	64.6	27.5	9.8	4.6	5.4	2.4	1.0	1.7	1.3	.7
East South Central	61.6	25.9	9.1	6.9	3.5	2.3	1.4	1.0	.9	.4
Kentucky	68.0	27.4	13.2	6.3	3.5	2.3	1.5	.6	.9	.6
Tennessee	54.3	24.9	8.6	4.9	2.8	1.9	1.3	1.0	.8	.4
Alabama	62.5	27.3	7.3	7.7	3.5	2.1	1.3	1.5	1.1	.3
Mississippi	63.1	23.3	6.9	9.9	4.5	3.3	1.5	1.2	1.0	.1
West South Central	63.3	27.3	8.5	6.0	4.2	2.2	1.5	1.1	.9	.5
Arkansas	65.3	24.7	8.2	8.7	3.7	2.8	2.2	1.3	.9	.3
Louisiana	60.2	22.2	8.7	6.7	5.3	2.0	1.5	2.9	.9	.3
Oklahoma	68.1	26.9	11.5	5.5	3.6	2.2	1.4	.4	.8	.9
Texas	62.6	29.7	7.7	5.3	4.1	2.2	1.4	.7	.9	.5
Mountain	73.1	32.9	10.0	4.0	3.9	3.0	2.1	.7	1.2	.9
Montana	90.1	36.7	14.8	5.1	5.2	3.6	3.4	1.6	.9	2.2
Idaho	79.4	34.5	9.0	4.3	4.6	3.9	4.6	1.7	.9	.8
Wyoming	86.2	38.2	10.2	4.9	4.2	4.5	3.5	.7	.7	2.5
Colorado	62.9	26.7	12.4	2.9	2.9	2.3	1.8	.6	1.1	.5
New Mexico	77.0	37.3	5.9	4.3	3.9	4.0	1.8	.5	1.4	1.3
Arizona	73.5	36.1	7.0	5.9	5.2	1.9	1.0	.3	1.9	.6
Utah	59.4	25.9	10.3	1.9	2.6	2.9	1.4	.5	.8	.4
Nevada	93.9	47.1	10.2	4.9	4.5	3.8	.7	.3	1.6	.7
Pacific	56.1	25.8	8.8	3.5	3.3	1.1	1.1	1.1	1.5	.9
Washington	58.8	20.1	12.6	4.1	4.2	1.3	1.4	1.6	1.1	1.5
Oregon	64.2	25.8	9.6	3.9	4.2	1.9	2.7	1.9	.9	1.3
California	54.4	27.0	7.9	3.3	3.0	.9	.8	.8	1.6	.8

Source of basic data: Reports of National Office of Vital Statistics.

dle Atlantic region. Each of the eight Mountain States had a motor vehicle accident death rate above that for the country as a whole, most of them exceeding the national average by more than 50 per cent. The mortality from this type of accident alone in Nevada—47.1 per 100,000—was nearly 15 per cent greater than the death rate from all accidents combined in New Jersey. Outside the Mountain region, the motor vehicle accident mortality was particularly high among the residents of Texas, Kansas, Michigan, and Georgia.

In contrast to the experience for motor vehicle accident fatalities, the death rate from falls is highest in the northeastern section of the country. Actually, in both the New England and the Middle Atlantic regions, falls outranked motor vehicle accidents as a cause of death. Massachusetts had the highest frequency of fatal falls in the country, the rate of 25.9 per 100,000 in 1954-55 being about twice that for motor vehicle accidents. Next in order were Rhode Island, Iowa, Missouri, and Pennsylvania. At the other extreme were South Carolina and New Mexico, with death rates less than one fourth the rate in Massachusetts. To an appreciable extent, the geographic variation in the mortality from falls reflects the proportion of older people residing in the various States. The aged account for a large majority of the fatally injured in accidental falls.

Conflagrations and burns by other means likewise record wide geographic differences in mortality. The South and Southwest suffer the highest death rates from this group of causes. In four southern States—Mississippi, South Carolina, Alabama, and Arkansas—conflagrations and burns by other means account for more deaths than falls. In part, the unfavorable record for the South reflects the much higher death rate from this cause in the nonwhite than the white population. Differences in type of housing undoubtedly contribute to the disparity in mortality between these two segments of the population.

The salient facts regarding the other causes of accidental death listed in the table may be briefly summarized. Both drowning and water transportation record relatively high death rates in Maine, Delaware, Florida, and Louisiana—all of them coastal States. Fatal firearm mishaps occur with greatest frequency in the Mountain and the southern areas. The mortality from machinery accidents, surprisingly enough, is generally low in the industrial States; the unfavorable record for the agricultural areas reflects the hazards in the use of farm machinery. The West and the South lead in fatal accidental poisoning by solids and liquids, which includes poisoning by barbiturates. A striking fact in this connection is the much higher death toll from barbiturates in California than in any other State; California residents accounted for one-third of the 411 accidental deaths from barbiturates reported in the United States during 1955.

Task Force—Accident Control

By Harold Jacobziner, M.D.

Assistant Commissioner
Maternal and Child Health
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not rec'd.

ACCIDENTS ARE responsible for the death of about 95,000 people annually in the United States. An additional nine million suffer from disabling nonfatal injuries every year at an aggregate cost in life and property of approximately ten billion dollars. Accidents are now the leading cause of death in the age group one to twenty-four years [1 to 36 years], and the death rate is particularly high in the preschool age group[1] [see page 24].

More children from one to five years died last year [1952] in New York City from accidental causes than from the ten leading communicable diseases combined (Fig. 1). As a result of the marked advances in medicine and public health, infant and child deaths have declined precipitously in the past twenty-five years, but death rates from accidents did not share in this decline to the same degree (Fig. 2). This in spite of the fact that accidents are nearly always preventable.

The total number of fatal accidents in 1953 (the most recent year for which complete statistics are available) was 3,073. A marked sex preponderance was noted in the male, 1,939 against 1,134 in the female. The under one-year group appears to be extremely vulnerable. Home accidents accounted for 50 per cent of all fatal accidents (Table I).

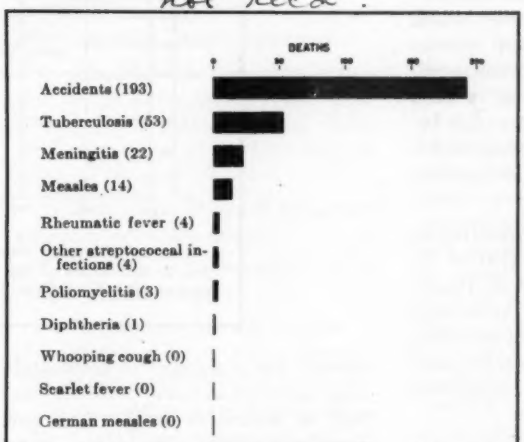

FIG. 1. Certain causes of death in children under six years of age, New York City, 1952.

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This was a talk presented at the 25th Annual Safety Convention and Exposition of the Greater New York Safety Council, New York, N. Y., April 11 to 15, 1955.

Fatal Home Accidents

In the under one-year group 97 per cent of all fatal accidents occurred in the home, 71 per cent in the one- to four-year age group, and 22 per cent in the five- to twenty-four-year age group. Thus, home accidents are very high in the under one, one to four-year, and in the sixty-five plus age group. This is probably due to the fact that these age groups spend much of their time in and about their homes (Table II).

In analyzing fatal home accidents some interesting facts are also noted by type and sex. There was a slight over-all female preponderance. The following sex distribution was noted, by type of accident (Table III):

1. *Poisoning* was more common in the male.

2. Deaths due to *fire* were more frequent in the female.

3. *Falls on the same level* were also more frequent in the female.

4. *Falls to different levels* were more frequent in the male.

5. Deaths due to *firearms* were reported only in the male.

6. *Unspecified home accidents* were also reported more frequently in the male.

Mechanical suffocation showed an unexpected sex distribution in 1953. This condition ordinarily is more frequent in the male, e.g., 18 males to 12 females in 1951 and 19 males to ten females in 1952. In 1953, however, a female preponderance was observed. The exact cause for this trend reversal is still unknown.

A great variation is also noted by area of residence. The highest number of fatal accidents occurred in Manhattan and the lowest in Rich-

mond. Brooklyn is second on the list, followed by Queens, and then the Bronx. . . .

Past Activities in Accident Prevention

About four years ago the Bureau of Child Health of the New York City Department of Health instituted a vigorous home safety and accident prevention program for children under six years of age.[2] It has now become an integral part of the child health conference and part of the daily living of the health teams in the 75 child health stations throughout the city. Additional epidemiologic studies relating to fatal and nonfatal accidents are also being conducted to gain further knowledge about causation and possible modes of prevention.

Much has been accomplished through the various individual efforts of the Department of Health in accumulating greater knowledge about the epidemiology of accidents and also in the prevention of many accidents through the educational efforts of various services. It was felt, however, by the Commissioner of Health that the conventional and traditional methods are inadequate to combat this perplexing and challenging problem which demands immediate and vigorous action. It was believed that new horizons must be searched for and more radical methods applied to hasten a solution to the many perplexing whys and wherefores of accident causation.

TABLE I.—Accident Deaths in New York City

	Number
Total fatal accidents	3,073
Males	1,939
Females	1,134
Age distribution (years)	
Under 1	65
1 to 4	99
5 to 14	127
15 to 24	127
25 to 44	518
45 to 64	854
65 plus	1,283
Type of accident	
Occupation	159 (5.2%)
Motor-vehicle	632 (20.6%)
Public nonmotor-vehicle	647 (21.0%)
Home	1,545 (50.3%)

Task Force on Accident Control

On July 2, 1954, the Commissioner issued the following Executive Order: "Because of the importance of accidents as a cause of death and disability and since the Department already has a number of commendable activities in home accident control in several of its Bureaus and because accident control has many facets and requires the team approach, a Task Force on Accident Control is hereby established for the Department. The Task Force will study and appraise the current activities of the Department and plan and direct appropriate expansion of the programs. The responsibility for the actual administration of the activities remains with the Bureaus, which are directed to cooperate with and be guided by the Task Force."

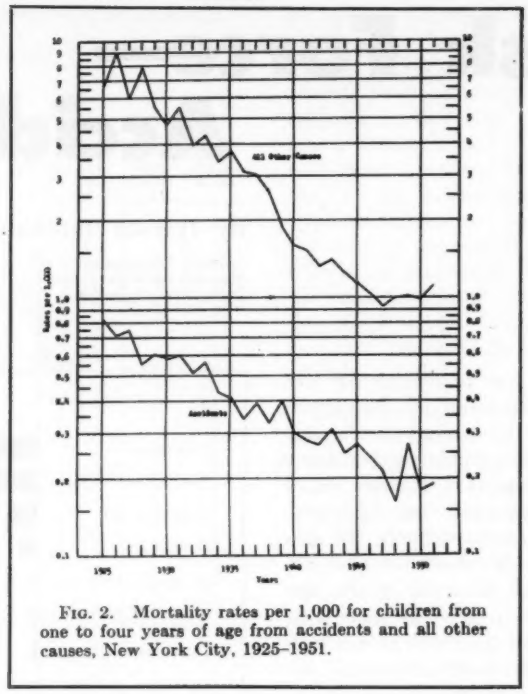

Fig. 2. Mortality rates per 1,000 for children from one to four years of age from accidents and all other causes, New York City, 1925–1951.

A task force, as defined by the military, means a self-contained fighting organization under a unified command. You will note that on the task force are represented all skills and disciplines all working together towards a common aim in combating the enemy (Fig. 3). I hope you will not look upon me as the taskmaster who is defined in the dictionary as "one who loads with heavy burdens."

In addition to the chairman, the Task Force includes representatives from the following activities: Infant and Preschool and School Health Services, Public Health Nursing, Preventable Diseases, Sanitary Engineering, Sanitary Inspections, District Health Services, Statistics and Records, Bureau of Laboratories, Health Education, Public Information, Chief Medical Examiner's Office, and the National Safety Council.

Performance of the Task Force

What has the Task Force done to fulfill its mission? One of the first encounters was a survey of cur-

TABLE II.—Fatal Home Accidents by Type and Age

	Per Cent of Home Accidents of All Fatal Accidents						
	Under 1 Year	1 to 4 Years	5 to 14 Years	15 to 24 Years	25 to 44 Years	45 to 64 Years	65 Plus Years
Poisonings (gas excepted)	3.1	14.1	..	4.7	7.3	4.6	0.9
Poisonings by gases and vapors	3.1	1.0	..	3.1	4.2	3.7	2.8
Fire, explosion of combustible material	7.7	11.1	10.2	0.8	6.4	5.3	4.2
Hot substance, corrosive liquid, steam	1.5	4.0	..	.	0.2	0.1	0.7
Mechanical suffocation	41.5	1.0	.	..	..	..	..
Firearms	..	..	..	1.6	1.0	..	..
Falls on same level	1.5	..	0.8	..	1.7	3.9	30.2
Falls to different level or unspecified	10.8	27.3	10.2	8.7	10.8	18.1	25.4
Other specified home accidents	24.6	12.1	0.8	2.4	2.3	1.6	1.7
Unspecified home accidents	3.1	..	..	0.8	0.8	0.9	0.2
Total	97.0	71.0	22.0	22.0	35.0	38.0	66.0

rent activities in accident prevention and plans for needed expansion. Each bureau director and health officer was requested to report on a specially prepared form about current activities relating to safety and accident prevention and plans for expansion of activities; if no activities were carried on, bureau or district was requested to state reason why such activities were *not* carried on and how the Task Force might help in sponsoring such activities in the respective areas. Bureau and district heads were also requested to indicate type of programs engaged in, objectives, number of personnel involved, educational media utilized, methods used, and how activity is evaluated. These schedules were carefully scrutinized, and suggestions were made to the respective services on how to improve existing programs and on the need to institute indicated changes, additions, etc.

Because of the complexity and enormity of the problem and to prevent a dissipation of efforts it was determined to focus chiefly on home accidents. The Task Force met every month, and the following items, which were among those included on the agenda of the first meeting, will illustrate the manifold activities and concern of the group:

TABLE III.—Fatal Home Accidents by Type and Sex

Type	Male	Female
Poisonings (gas excepted)	59	32
Poisonings by gases and vapors	61	36
Fire, explosion of combustible material	68	94
Hot substance, corrosive liquid, steam	8	8
Mechanical suffocation	12	16
Firearms	7	0
Falls on same level	130	293
Falls to different level or unspecified	308	287
Other specified home accidents	45	35
Unspecified home accidents	14	3
Total	721	824

1. Accident control for the infant and preschool group.

2. Accident prevention program for the school-age child.

3. Employes Safety Committee.

4. Recommendations for activities to be sponsored by the Task Force which included many valuable suggestions which have not yet come to fruition.

5. Promotion of health education programs on home safety.

6. Immediate formation of a Poison Control Center.

At subsequent meetings some of the following items were discussed and specific recommendations made:

Carbon Monoxide Poisoning.—The Task Force recommended *(a)* that inservice training activities be extended to other agencies (for example, personnel who make home visits, health inspectors, public health nurses, social investigators, etc.); *(b)* that the Assistant Commissioner, Environmental Sanitation Services, invite personnel from other agencies to participate in the inservice training activities provided for Department of Health personnel; *(c)* that the utility companies be approached and asked to send out literature on carbon monoxide poisoning with utility bills; and *(d)* that the Department of Health advocate legislation prohibiting the sale of gas heaters.

Lead Poisoning.—Recommendations were made to increase educational efforts on lead poisoning, these activities to involve: *(a)* educating parents to notify the doctor when a child is found eating or chewing wall plaster; *(b)* increased education to physicians through the county medical society bulletins, emphasizing the need for the physician to investigate all members of a family when one case has been discovered to suffer from lead intoxication; *(c)* the Accident Control Task Force to sponsor an exhibit on lead poisoning at State Medical Society meeting, and *(d)* the Department of Health to take some action to bring out legislation to prohibit the use of lead in paint.

Accidents or Suicide?—A complete analysis of 1953 statistics from the Medical Examiner's office relating to deaths due to accidental poi-

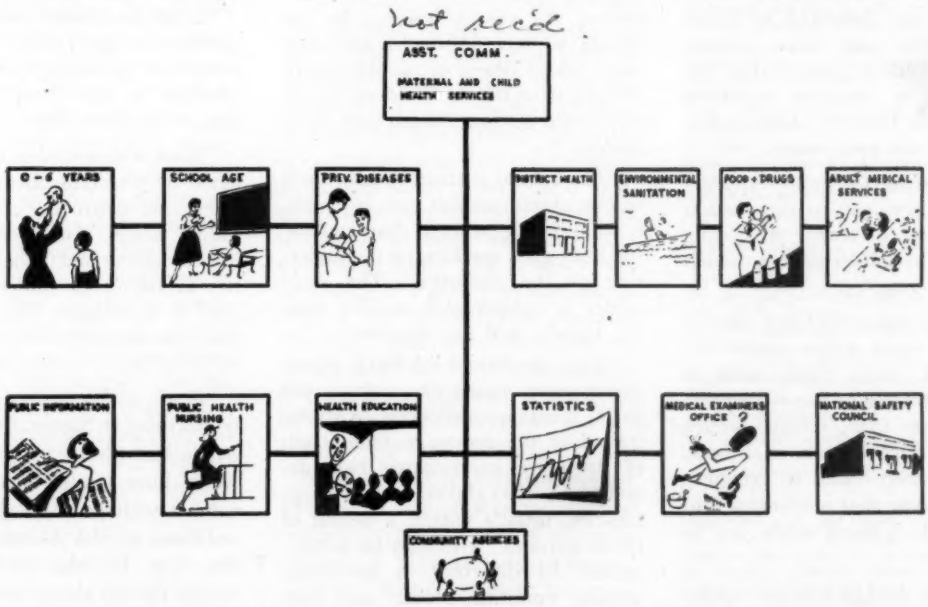

Fig. 3. Composition of Accident Control Task Force.

soning was made. It was shown that a large number of barbiturate deaths were probably due to suicides and that a considerable number of deaths were due to alcoholism and narcotic addiction. The Task Force recommended further investigation of narcotic addiction and alcoholism before adequate preventive measures are formulated and before health education on the problem is intensified.

PUBLIC HEALTH NURSING ACTIVITIES IN ACCIDENT PREVENTION.—During her regular visits the public health nurse observes hazardous conditions in the home which may be responsible for serious accidental occurrences. What is being done by public health nurses with regard to alleviating these hazards, motivating families, and developing interest in home safety and in the promotion of accident control?

The Task Force recommended an analysis of routine nurse home visits for a period of one month. The representative of public health nursing compiled an excellent study and evaluation of public health nursing activities in this area. Much information was gained from this study, such as where hazards lie in the home, how accidents occur, and the need to motivate individuals to obviate existing hazards and threats.

OTHER ACTIVITIES.—A joint meeting was also held with the Mayor's Committee on Gas Poisoning Prevention, and another meeting was devoted exclusively to the newly organized Poison Control Center.

Team Approach

The Accident Control Task Force has drawn from many skills, disciplines, professions, and areas of interest: physicians, nurses, educators, engineers, statisticians, laboratory workers, sanitarians, and others, all working harmoniously for a common cause in an uncharted field.

Although the community at large has not yet fully awakened to the grim conditions existing and to the many dangerous situations to which children, in particular, are exposed needlessly in their home environment, the achievements of the Task Force, thus far, are ample proof that the problem is not insoluble.

The going is rough and requires a dynamic force and unbinding, unyielding, and at times superhuman efforts. It is earnestly believed that only through a unified team approach and harmonious collaborative action on a communitywide basis, bringing battle to the enemy on all fronts, will the *war on accidents* be brought to a victorious and successful solution.

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2. Jacobziner, H., and Rich, H.: *Am. J. Pub. Health* **44**: 83 (Jan.) 1954.

Black Widow Spiders May Be Dangerous

"WITH THE APPROACH of warm weather and more people, especially children, frequenting the out-of-doors, a warning regarding the danger of bites by black widow spiders may not come amiss.

"This species of spider appears to be more common in this section of the country in recent years, due possibly to the milder winters which favor its propagation.

"Found in practically any part of Illinois, the black widow spider frequents dark, damp places such as outhouses, basements, woodpiles, sandboxes, tin cans, recesses under walks, and dark corners in homes. It has also been found in cemetery urns of the type that is inverted into a hole in the ground when not in use.

"Although the black widow spider ordinarily will not bite unless disturbed, the venom injected by the female is very poisonous and may cause severe illness or possible death of the person bitten. Children should be warned against playing with these spiders.

"The typical mature female black widow, about one-half inch in length, is shiny black, with a characteristic red hour-glass marking on the underside of the abdomen. The male spider is considerably smaller than the female, and less dangerous.

"Since the bite of the black widow spider seems much like a sharp pin prick, it may go unnoticed. With the spread of the poison to other parts of the body, excruciating pain develops in the abdomen and large muscles, usually within a period of thirty minutes. This may be accompanied by difficulty in breathing, nausea, vomiting, stupor and convulsions.

"In all cases where such symptoms develop, a physician should be consulted promptly, regardless of whether or not there is a known history of spider bite.

"Black widow spiders can be eradicated by searching them out, killing them, and destroying their eggs and hiding places. Insecticides containing chlordane and lindane are effective in killing the spiders if they are used in accordance with instructions from the manufacturer, or as advised by local insect control organizations.

"Black widow spiders should not be tolerated in human habitations, or any other places where they may, when hurt inadvertently, come in contact with people and bite them."
—*Illinois Health Messenger,* vol. 27, No. 5, p. 19, May 1957, published by the Illinois Department of Public Health, Springfield, Ill.

THIS IS AN abstract of a talk "Calculated Risks in Home Poisoning" which Dr. Conley gave at the Eleventh Annual Home Safety Forum of the Women's Division of the New Jersey State Safety Council at Newark, N. J., April 30, 1957.

CALCULATED RISKS

In Home Poisoning

By Bernard E. Conley, Ph.D.

Secretary
Committee on Toxicology
American Medical Association
Chicago, Ill.

THE USE OF chemicals, especially in the unsupervised environment of the home, involves risks which for all our scientific know-how and knowledge of behavior we are not always able to anticipate. We are fast approaching automation in the processing and packaging of chemicals, but we will never have the robot-home. For this reason there will always be greater total risks in the home environment in spite of increasing restrictions against home use of the more dangerous chemicals. The calculation and prevention of these ever-present risks is my reason for being with you again today.

Poisonings are not among the leading causes of death; nevertheless they represent a significant proportion of those fatalities that can be prevented. The vast majority of deaths every year are due to conditions of advancing age such as heart disease, cancer, and arteriosclerosis for which we have no cure. On the other hand, we've made tremendous strides in decreasing mortality in many conditions where drugs are effective. Today infectious diseases such as diphtheria, whooping cough, pneumonia, and smallpox are no longer among the leading causes of death. This is due to the development of specific immunization procedures and the discovery of remedial agents such as the sulfa drugs and the antibiotics. Unfortunately, we have experienced no comparable improvements in accident prevention. There has been no significant change in the overall frequency of fatal injuries from chemicals. Consequently the relative importance of poisoning as a cause of preventable disease has increased tremendously in recent years.

There is a reason for the growing interest in the public health aspects of accidental poisoning; it is the concern over the increasing number of chemical products containing agents which are recognized in industry as having hazardous properties. The Committee on Toxicology estimates there are over one quarter million brand-name items available for use on the farm, in industry, and in and around the home. The toxicity of the ingredients in many of these products poses a major health problem if users are unaware of their potential harmfulness. Most agree that the widespread casualness with which many of these products are handled and stored is a major influence in the present incidence of accidental poisoning. To illustrate this point, let me quote a case which was recently reported to the Committee on Toxicology:

"A Florida physician wrote that a small child of one of his patients was severely burned and suffered the possible loss of sight in one eye as the result of a needless accident in a grocery store. While the mother's attention was diverted by shopping, the child picked up a container of a proprietary rust-remover containing a dilute solution of hydrofluoric acid. This product was packaged in a plastic squeeze bottle with a cap of the same material. The cap had been dislodged or broken and the child, in picking up the container, squeezed the plastic bottle spraying acid into his face and into one eye."

Anyone familiar with hydrofluoric acid burns can appreciate the excruciating pain, rapid and extensive destruction of tissue, and prolonged course of healing which accompanies such burns. There can be no compensating the injury and disfigurement this child suffered, and there is no assurance that the same or a similar accident could not happen again.

We have no legal requirement that the contents of such products be identified. No warning of its hazardous nature is demanded for the label. The chemical in question is not among the 12 substances required by the Caustic Poisons Act to be identified and carry appropriate label warnings. Rust-removers are neither drugs nor pesticides. Therefore such products are not required to conform to the labeling provisions of existing laws for these classes of chemicals. Yet the use of hydrofluoric acid as a laundry aid is fairly common as shown by other reports of injury, especially to the hands, which we have since received.

As this case of injury suggests, risks are present even in the most commonplace situations, and the hazards are often subtle and not always comprehensible. The consequences of poisoning are most

TABLE I

Deaths From Accidental Poisoning

Substance	Total (All ages)
Accidental poisoning by solid and liquid substances (E870-E888)	**1,584**
Morphine and other opium derivatives	22
Barbituric acid and other derivatives	409
Aspirin and salicylates	99
Bromides	14
Other analgesic and soporific drugs	109
Sulfonamides	4
Strychnine	23
Belladonna, Hyoscine, and atropine	2
Other and unspecified drugs	59
Noxious foodstuffs	18
Alcohol	246
Petroleum products	112
Industrial solvents	34
Corrosive aromatics, acids, and caustic alkalies	78
Mercury and its compounds	23
Lead and its compounds	61
Arsenic and antimony, and their compounds	58
Fluorides	9
Other and unspecified solid and liquid substances	204
Accidental poisoning by gases and vapors (E890-E895)	**1,769**
Utility ((illuminating) gas	1,012
Motor-vehicle exhaust gas	351
Carbon monoxide gas	251
Cyanide gas	9
Other specified gases and vapors	105
Unspecified gases and vapors	41

Table adapted from data in *Vital Statistics-Special Reports, National Summaries: Deaths and Crude Death Rates for Each Cause, by Race and Sex: United States 1950*, vol. 37, No. 6, Feb. 16, 1953.

evident in the statistics on the incidence and cost of nonfatal injuries from chemicals. The relationship of fatal to nonfatal poisonings has been compared to the exposed and hidden parts of an iceberg; that is, for every fatality, an estimated 100 to 250 nonfatal injuries occur. These figures indicate that there is more to the poisoning problem than appears above the surface.

This is particularly true with regard to the cost of poison injuries. For example, welfare agencies estimate that it costs $8,000 to cover hospitalization and surgical treatment of a child with stricture of the esophagus from ingestion of a corrosive such as lye. Compensation settlements in New York State for silicosis average well over $14,000 per case. The loss of a life, however, is of even greater expense to the productive resources of this country because of the economic loss of the victim's working years to society. Unfortunately, these aspects are often overlooked.

The drugs which most frequently cause death are tabulated in table I. You will note that medicines such as aspirin, barbiturates, bromides, opium derivatives, and other analgesic and soporific agents [grouped] are leading causes of accidental deaths due to medicinals. A particular danger of the barbiturates is the mental dulling and disorientation which may accompany even a single dose. As a result the patient may take additional doses and intoxication may ensue. Concurrent use of alcohol also increases the chances of serious and even fatal poisoning.

Therapeutic overdoses which are not the result of medical error also occur more frequently than is commonly suspected. Aspirin poisoning in children induced by overliberal administrations of this drug by parents has been often reported. Another example is the case of the housewife inspired to self-medication by a "nutrition commentator" who suggested vitamin A for "alleviating dry throat and as a prophylactic for colds." Following this advice, the patient instituted a self-prescribed regimen of 600,000 units per day. She doubled or tripled this amount when she felt a cold coming on. This is from 100 to 500 times the average daily adult requirement. Eighteen months later the patient developed frank symptoms of poisoning which required hospitalization.

Accidental deaths due to mistaken ingestion of externally applied preparations such as liniments are not infrequent. A growing danger with our increasing older population is the mistaken use of the wrong medicine, particularly at night. The decreased acuteness of taste and smell and the dimming of vision which accompanies old age undoubtedly contribute to this type of drug poisoning. The mistaken ingestion of the wrong medicine by an older person is illustrated by the following case:

"An elderly man had the habit of drinking medicine directly from the bottle. One night, apparently without benefit of the bathroom light, he reached for his tonic, but picked up a similarly sized bottle of a proprietary liniment. As was his usual habit, he put the bottle to his lips and swallowed some liniment. A physician was called and the patient was induced to vomit. A half an hour later, the old man complained of numbness of the tongue and extremities and became seriously ill. An ambulance was called but the patient died on admission. The cause of death was aconite poisoning."

The comparative frequency of accidental drug poisoning for various age groups is tabulated in table II. This slide presents a breakdown of the miscellaneous category of drug deaths recorded in the previous table. You will observe that a variety of agents are involved and mortality appears to be fairly evenly divided between preschool-age children and those 5 years of age and over. This distribution is misleading since the incidences of poisoning by aspirin and other salicylates for both age groups are not considered.

Aspirin poisoning has been shown to be most frequent in the very young. A Committee on Toxicology report a year ago [1956] pointed out that salicylate poisoning predominantly occurs in small children. In 1950, for example, 99 fatalities were reported for salicylates such as aspirin, oil of wintergreen, and sodium salicylate. Approximately 80 percent of these deaths occurred in children under 5 years of age.

TABLE II

Deaths from Accidental Poisoning by "Other and Unspecified Drugs": United States, 1950

Substance	Total (All ages)	4 yrs. and under	5 yrs. and over
Total	59	27	32
Antihistamine	4	3	1
Dimenhydrinate (Dramamine)	1	1	—
Neo-Antergan	1	1	—
Other	2	1	1
Cold tablets	2	2	—
Aminophylline	2	2	—
Barbiturate and another drug	8	5	3
Vinbarbital sodium (Delvinal) & belladonna	1	1	—
Other mixtures of barbiturates and drugs	7	4	3
Camphorated oil	1	1	—
Cascara and belladonna	1	1	—
Codeine and chloroform	1	1	—
Colchicum	1	—	1
Dextroamphetamine sulfate (Dexedrine)	1	1	—
Ergot	2	1	1
Ferrous sulfate	1	1	—
Insulin	3	—	3
Iodine, iodoform, Iodophene	4	1	3
Peyotl	2	1	1
Veratrum Viride	4	3	1
Other drugs and hormones	6	—	6
Epinephrine	1	—	1
Desoxycorticosterone	1	—	1
Digitalis	1	—	1
Neostigmine (Prostigmin)	1	—	1
Thiouracil, thyroid extract	2	—	2
Drug, tablets, overdose of medicine	16	4	12

Note: Deaths assigned to category E878, Sixth Revision of the International Lists of Diseases and Causes of Death.

BABY NEEDS PROTECTION—AND FREEDOM

By Mrs. Ethel L. Garrison

Education Assistant
Home Accident Prevention Unit
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Baltimore, Md.

THIS IS THE SECOND article entitled "Protection and Supervision" of a series entitled "Safety for Children" by Mrs. Garrison released by the Maryland Department of Health in 1957. The department, according to J. Charles Judge, chief, Home Accident Prevention Unit, intended to make statewide use of the material especially in local health department well baby clinics. Copies of this series of articles have been made available to all county health departments and the public health nurses.

Positive instructions are better than prohibitions. "Hold on tight" is preferable to "Don't fall!"

SAFETY IN THE CRIB

THE INFANT CAN only be kept safe by providing adequate protection. Mothers often worry about what can happen to baby while he is in his crib. From the time a baby can lift his head—and most can do this when only a few days old—it is safe for the baby to sleep on his stomach on a firm, flat mattress where he can move his head from side to side. In fact, many doctors prefer that he do so as this position helps to keep his "tummy" warm and free of air bubbles, decreasing the possibility of his getting uncovered and of suffocation through ingestion of vomitus in case he should regurgitate.

When a basket is used for sleeping, it should be placed where it cannot be knocked over. Use blankets instead of quilts for a baby's bed. Blankets are warmer in proportion to their weight, and they help to retain the warm air from the baby's body.

While the baby sleeps, tuck the covering blankets well under the sides and foot of the mattress, but allow enough room for him to move freely. During play periods when he wants more freedom of movement, the blankets may be removed. He may wear a sweater for extra warmth if the room seems chilly. If he is allowed to play on a big bed, or any other flat surface from which it would be possible for him to roll off, do not leave him for a moment. Babies acquire new skills when you least suspect.

If there are buttons on any of the baby's clothing, they should be sewed on securely so they will not come off and be swallowed. Drawstrings or bonnet strings can become tightened around the neck. (Babies wiggle and squirm.) Grip fasteners are safest.

A creeping baby should have protection for the tender skin on his knees. As he starts to walk, the child needs shoe soles that are firm and flexible. They should fit the outline of his feet, have no heels, and be rough enough so that he will not slip.

MECHANICAL SUFFOCATION

There should be *no* pillows in the crib, and the bars must be close enough together to prevent a baby's getting his head caught between them. He can be protected from bumps by quilted padding tied to the sides with tapes (not pinned). Do not hang a blanket, diaper, towel, or any other article over a child's crib. If you want to keep out a draft, you may use a screen or hang a blanket over chair backs placed far enough away to prevent the blanket's falling or being pulled into the crib. Some infants' deaths have been thought due to suffocation from quilts and pillows in their cribs or from sleeping in the same bed with adults.

When the child can sit up, he may play for short periods at a low play table or in a high chair placed in a safe location. These should be weighted and have legs spread wide enough apart at the bottom so that the chair will not tip over. Fasten the child in with a safety belt. Also, use a safety strap to hold him when he is in his carriage.

Before the child learns to walk, a floored playpen with bars close together will be a safe place to play. In the absence of a playpen, he may use the fenced-in corner of a room where there is nothing he isn't permitted to handle. The floor surface should be free of splinters, not too slippery, and easy to keep clean. Open shelves instead of a deep toy chest will enable the child to see

at a glance what he wants, simplify learning to replace anything he is not using, and eliminate the possibility of a hinged lid's falling down on him.

PROTECT FROM FALLS

A screened porch, or one with a secure railing and a gate (if the gate is kept closed), may provide a safe place to play. By the time the child learns to climb, or to use something to stand on, the porch will no longer give adequate protection, and falls often occur from porch railings.

Also, at this stage it is especially dangerous for the child to have access to open windows which are not securely screened or barred. It is a good idea to open windows from the top. Children need to be taught not to push or lean against the glass or screen. Stairs should be protected by gates; the doors to stairs or outside entrances should be kept fastened.

SUPERVISION ACCOMPANIED BY EDUCATION

During these years a child must have very close supervision; the entire responsibility for his safety still rests with adults. This is the time, however, to begin establishing routines and discipline for his future security when supervision is no longer possible. As the child grows and his capabilities expand, so must the freedom he enjoys. For his safety we anticipate the stages of his development and stay one step ahead of him to foresee the possible danger spots and eliminate the hazards or prepare him to cope with those which are unavoidable.

We have all learned a healthy respect for certain situations without fearing them, and the child should not be handicapped by teaching him to be afraid. Although he must be taught what is dangerous, we want him to learn to face life with courage and self-confidence. He will have to learn to perform a variety of operations correctly and safely.

The young child is learning much, and the way he learns is by "getting into things." This can be a trying time for both parent and child. By creating a safe environment, we can reduce the need for verbal restrictions. To make learning easier, whenever possible, the instructions should be expressed in positive terms. "Hold on tight" is preferable to "Don't fall!" The child has a strong desire for approval and will respond to praise. He can understand clear directions and simple explanations.

Pictures and stories are a good method of teaching. There is no educational value in telling him, "No, no!" We must help him *want* to do the right thing, answer his questions, show him how things work, and teach him how to do things for himself. Continuing too long to protect him will only increase his dependence and postpone his learning. The goal of education is to help one learn to make good decisions for himself.

By the age of two a child may be taught to put away his toys, but he will want help, and need reminding, for some time. By the age of three he should know and be able to give his full name and complete address —house number, street, and town. Knowing this is an added protection in these days of widening interest.

Training in street crossing should be begun by the time he is four years old. He will be more willing for his hand to be grasped firmly while crossing the street if the parent remembers to relinquish it when they reach the other side. The dangers of jaywalking and crossing between parked cars need to be stressed.

The child must learn to watch for traffic, obey signals and crossing guards or policemen, and learn that it is necessary to be careful even when walking with the lights. He will be very proud of demonstrating ability to observe the rules and should receive praise for his accomplishment. The example set by the adult is important in this area as in all others. Those who cross on the red because no car is in sight are negating their own teachings.

PLAY WITH OTHER CHILDREN

The preschooler stays fairly close to home, and most of his play is supervised. As he grows he will not always want to play alone. Companions are essential for his social and emotional growth, but adults will want to become familiar with the type of behavior to expect of his playmates, and the wise mother will be careful about letting her child out of her sight with unknown companions.

Interference in children's play is justified if there is cruelty, dishonesty, or hazardous practice. Otherwise, each child should have the opportunity to learn to do things for himself and to settle his own disputes. The child's muscular and sensory coordination will improve, and he will acquire new skills. This is the time for him to learn to concentrate, to begin making his own decisions and developing some independence.

Opportunities to play with children his age give a child valuable experience in getting along with others, but he may need protection from the goading of older or quicker children. In group play the child should learn cooperation—to play his part, to wait his turn—and sportsmanship—to follow the rules, pay the penalty when he is at fault —and to lose without sulking.

He is fortunate to learn while a child that he cannot always win or have his own way, that crying is unpopular and so is talebearing. Learning to settle his own disputes, to cooperate, and to be courteous helps to develop self-reliance, initiative, and growth toward maturity which will always be useful for safety as in other lifetime pursuits.

At five a child should have made a good start towards dependability, obedience, enjoyment of constructive play, and respect for the wishes of others. As he grows he becomes capable of doing more things and getting into more kinds of trouble. He will spend more time away from home and stray away farther.

These factors make continued supervision impossible and make imperative the necessity for teaching the child how to become responsible for his own welfare. In the process of this teaching, he should learn to realize the possible consequences of hazardous acts which he may commit and how he may be affected by the unsafe acts of others.

ARE YOU "PLAYING WITH DYNAMITE?"

THIS SCRIPT WAS produced by the WGAR Broadcasting Company and the Ohio State Safety Council, Cleveland, Ohio, in 1954. H. G. J. Hays, executive secretary and treasurer, Ohio State Safety Council, has stated that this is one of a series of scripts the anecdotes for which were derived from a number of sources, among them newspapers and the annual Freak Squeak story of the National Safety Council. Occasionally someone sends an anecdote to him.

VOICE: So Help Me; It's the Truth!

ANNOUNCER: Station ——— and the Ohio State Safety Council present "So Help Me . . . ", a 5-minute program featuring the Voice of Safety as he tells us of some of the freak squeaks, the crazy goings-on as your fellow citizens got themselves involved in accidents. This evening, for instance, the Voice of Safety tells us about a woman who needed repairs herself after repairing the washing machine.

VOICE: So Help Me; It's the Truth!

Women are wonderful. We just couldn't do without them and all that, but they have their peculiar failings. And one of the most conspicuous of those failings is the manner in which they handle mechanical equipment.

No, this is not an attack on women drivers. Besides we've seen those statistics which prove that women are safer than men. We just want to tell you about a Minnesota housewife who had washing machine trouble. The thing just broke down, and she was smart enough to discover the difficulty; a pin had broken off inside.

She looked around the house for a substitute pin and finally found something she thought was just the thing. She sawed off the end of it and started to hammer it into the machine. She might have done it, too, if the substitute pin hadn't exploded and blown her clear across the room. It seems she had selected as a repair part—a stick of dynamite!

There are some pretty strange accidents that happen in the home. A different kind of explosion occurred when a Clevelander couldn't find an opener to remove the cap from a beverage bottle. Someone suggested that the cap be wedged between a door and the door frame to pry it off. The neck of the bottle was crushed; the fizz water and glass flew every which way; and the hostess received a bad hand cut from the jagged glass.

Yes, a good many people have experienced accidents from using the wrong thing for a repair job or some other task around the house. Probably the most common is a makeshift to reach high places. In the comic strips, a couple of boxes piled up enable the character to remain precariously aloft, but in real life they usually dump one rather unceremoniously on a tender part of one's anatomy.

A small step stool is satisfactory to reach upper shelves of a cupboard. Don't use it, though, on cleaning tasks that require you to be aloft for several minutes. Use a 5- or 6-foot ladder that gives you something to steady yourself if need be. It also provides a place to put clothes, brushes, and other things you need for the job.

But to return to the story of the Minnesota lady who played with dynamite, she chose the quickest way of all to get hurt, and that is by doing something the wrong way or with the wrong tool. Trying to open a tin with a meat cleaver or a butcher knife, that's a favorite practice. Grabbing at a garment tangled in the rolls of a wringer, leaving buckets, mops, or stacks of clothes on stair steps, these don't seem to be dangerous practices, but people get hurt by them every day.

The Minnesota lady is not the only woman who does some of the household repairs. We've heard the refrain from wives, "It'll never be fixed if it waits for John to do it." That's the way it goes, doesn't it? Well, the little lady is probably right, but who does it isn't important to our story.

We're interested in how it is done as you will be too if you're interested in playing it safe. And playing it safe is not only the sensible thing to do, it's the simplest thing. Use a screw driver only to drive screws. Do

your pounding with a hammer, not with a wrench. We're pretty much a fix-it-yourself Nation, and that's good. Beginning as far back in the machine age as the era of the Model T we got the itch to fiddle around with things ourselves to see if we could make them work.

Maybe haywire was good enough to keep that fabled automobile together, but for the things we have in our homes it's a lot wiser to use proper repair parts. And since I started today on a feminine note, here's one to end it on. A hairpin, ladies, can substitute for a cotter key for a day, but the trouble is we forget to replace it with the right one, and one day the hairpin gives out, and the stuff flies all over the place.

ANNOUNCER: You have been listening to "So Help Me . . ." presented by ——— each ——— at this time for the Ohio State Safety Council. The Voice of Safety will be back again next week with the story of another freak accident and some tips on how you and I can stay alive and healthy. So Help Me; It's the Truth!

SCOUT PACKETS COST $1

ON PAGE 24 of the January 1958 *Home Safety Review* in the third paragraph of an article "For Scouts to Use," we misquoted the price of the packets of materials that the National Safety Council is making available to the Boy Scouts of America. The price is as quoted in the last paragraph: "A limited number of packets containing selected items are available for $1 per packet until the supply is exhausted."

RADIATION

(from page 4)

1. Such sources should be used according to the instructions supplied by the manufacturer.

2. Sources should be installed or used so that their locations are always known and protected.

3. Articles containing radioactivity should not be left where children could play with them, or swallow the items, their contents, or their parts. Radioactive articles should not be intended for use as toys, even in the form of luminous dial watches.

4. If the articles become defective, disassembly or repair should not be attempted by an untrained person.

5. If the articles are broken, they should be either wrapped securely and returned to the manufacturer or disposed of in such a way that their contents cannot become mixed with food or water intended for human or animal consumption.

The individual should take the following precautions with radiation-producing machines:

1. Unsafe shoe-fitting fluoroscopes should not be used in selecting footwear. This applies especially to the fitting of children's shoes. In Pennsylvania, for example, the use of shoe-fitting Xray fluoroscopes violates the state Department of Health's regulations.

2. Television sets should not be operated for prolonged periods when the tube and chassis are removed from the cabinet or enclosure.

3. People should not, without medical recommendation, seek numerous Xray, fluorographic, or photofluorographic exposures.

4. Obsolete or broken Xray or fluorographic machines should not be used by hobbyists or as playthings.

5. Electrical equipment operating at increased voltages (above 3,000 volts) should not be used by uninstructed persons.

6. Sun lamps, heat lamps, and diathermy equipment should be used in accordance with the manufacturers' instructions.

7. Ultraviolet lamps should not be observed by the naked eye.

8. A family record of known radiation exposures should be kept, if possible, to keep the family physician aware of past exposures when he may recommend further exposure.

If a person is exposed to radiation, he himself may be injured, but he cannot transmit this radiation injury to others. It is not contagious. Neither the person nor his family should be shunned or feared. A sane and logical approach should be taken in dealing with this problem. In almost all cases, the ordinary person is never exposed to a harmful amount of radiation in the home. At work, he is protected by trained safety engineers or radiation specialists. In the clinic, he is protected by his physician. However, if the individual is alert to possible accidents, he can help these experts extend his protection period around the clock and into his home. If he becomes radiation safety conscious, he will be doing his part to protect his "atomic age" family against this new form of potential hazard.

Shoe-Fitting Fluoroscope Machines Banned

SHOE-FITTING Fluoroscope Machines are to be banned in New York State January 1, 1958. An amendment to the State Sanitary Code bars the use of X-ray materials and equipment except by licensed practitioners of podiatry, medicine, dentistry, osteopathy, and their authorized technicians and nurses. New York City which enforces its own radiation regulations is considering a similar provision for its own Sanitary Code. In New York City, shoe stores using fluoroscopes have been required to display signs warning of the dangers of repeated exposures, limiting the number given, and each machine is required to have an automatic timer that allows a five-second exposure. According to Footwear News, most store spokesmen interviewed looked upon the fluoroscope primarily as a "sales clincher" rather than as an aid to fitting. Ohio has also passed a bill bringing the use of these devices under the jurisdiction of the State Department of Health, and other states are considering strict regulation requirements.—"The Consumers' Observation Post," *Consumer Bulletin*, vol. 40, No. 5, p. 30, November 1957, published by Consumers' Research, Inc., Washington, N. J.

FOR YOU TO USE

THESE ARE "LIFTABLE"

WHICH ROOM?

IN WHICH ROOM or rooms are the following most likely to be hazards?

1. Inability to reach light switch in the dark.
2. Children's toys on floor.
3. Matches within children's reach.
4. Closed window at night.
5. Spilled grease on floor.
6. Unscreened fireplace.
7. Drawers or doors left open in pathways.
8. Flammables near stove.
9. Slippery floor from improperly applied wax.
10. Scatter rugs not tacked down.

(National Safety Council.)

Ans. (1) Bedroom, a fall hazard. (2) Living room, a fall hazard. (3) Kitchen, a fire hazard. (4) Bedroom, hazard of suffocation in case of fire. (5) Kitchen, a fall hazard. (6) Living room, a fire hazard. (7) Bedroom, a fall hazard. (8) Kitchen, a fire hazard. (9) Living room, dining room, a fall hazard. (10) Bedroom, a fall hazard.

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—National Safety Council

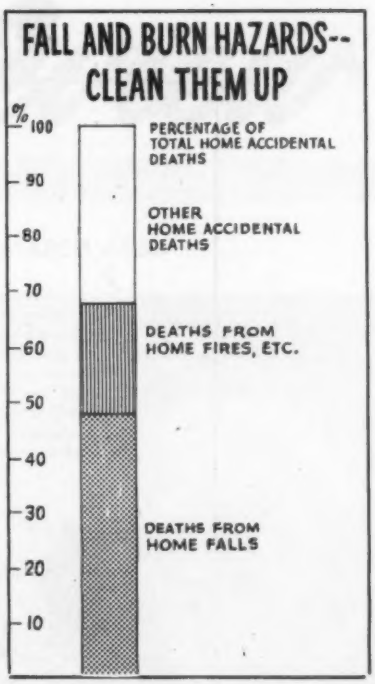
MOST FATAL FALLS AND BURNS ARE INSIDE HOUSE

SHOULD A cleanup campaign be concentrated on getting rid of fall and burn hazards inside the house? It looks that way.

Seventy-five percent of the fatal falls and 89 percent of the fatal burns at home occur inside the house according to a study by the U. S. Public Health Service and the National Safety Council.

Fatalities from falls are more than twice as frequent in the bedroom as in the living-and-dining rooms—the next ranking area for frequency of fatal falls inside the house.

Deaths from burns which occur in the bedroom are more than three times as frequent as from those which occur in the kitchen, according to this study. The kitchen is the next ranking room for frequency of fatal burns inside the house.



Nearly 70 percent of the Nation's home accident fatalities were from falls and burns in 1956.—National Safety Council.

A PROGRAM IDEA

HERE'S AN IDEA for a Spring Cleanup Campaign from the 1956 Home Safety Inventory of the National Safety Council:

In Alameda, Calif., the Junior Chamber of Commerce has conducted a home safety slogan contest or a "Best Cleanup Idea" contest and offered $50 or $100 in prizes, according to a report from the fire department there.

The program started with a stunt such as a parade of fire engines with Jaycee members leading and sweeping the street to symbolize the program or the painting or removing of a public eyesore by Jaycee members. The fire department cooperated by issuing press releases stressing the removal of flammables and accumulations of trash from home premises.

USING WORK-SAVERS SAFELY

THE WOMEN'S DIVISION, New Jersey State Safety Council, Newark, N. J., has been issuing *Minute Safety Messages* as a program service to safety committees, etc., in the State. The one on this page is on the safe use of labor-saving devices in the home.

Not recd.

MINUTE SAFETY MESSAGES 4157

(Program Aids for Safety Chairmen and Program-Planners)

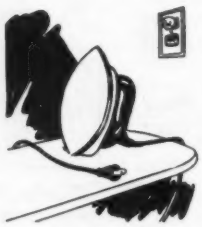
JANUARY THEME: SAFE USE OF LABOR-SAVING DEVICES

SLOGAN: GOOD HOMEMAKING INCLUDES SAFE HOUSEKEEPING

* * * * *

Every year there are over 4,000,000 home accidents in which someone is disabled for at least a day—yet being a housewife doesn't need to be a hazardous occupation. However, she is expected to deal daily with complicated mechanical and electrical appliances, steam and hot liquids, fire, sharp hand tools, glass and other sharp objects, detergents, cleansers, poisons and heating equipment. The New Jersey State Safety Council says that every housewife would have far fewer accidents from carelessness in her "How"sekeeping if she would read the labels, learn the instructions and follow the directions which manufacturers provide free with their various appliances, gadgets and gimmicks. Do not expect a gadget which has no mechanical brain to think for you in an emergency.

* * * * *



Although the bulk of our cooking will continue to be done on gas and electric ranges, more and more of it will be done on portable units where we fry, broil and roast, bake stew and toast a great variety of tasty concoctions. This will be true whether or not we are living in crowded quarters, small apartments or enjoying our living out-of-doors. The New Jersey State Safety Council cautions us not to position these units in places unfamiliar to children, such as on a small table which usually holds books, where they can bump into them, pull them over or touch them. To prevent burns, keep children at a safe distance while the units are heated. Connect appliances to outlets where the cords will not interfere with normal movements around the kitchen or area and disconnect cords from outlets when not in use. Also keep appliances with moving parts well out of the reach of inquisitive childish hands.

* * * * *

The New Jersey State Safety Council says that it is our responsibility to use all our "live-in" mechanical and labor-saving devices safely. Installation in the proper place and in the correct way are two steps in the safe operation of home appliances. Proper maintenance is essential too if we are to continue to get the most efficient and the safest possible use from them. For instance, never buy an electric beater without checking first to see that it is heavy enough to stay in place during use. A lightweight appliance may "walk off" the work surface and cause injury. If beater arms stick, always turn the current off by disconnecting the machine before trying to free them. And a rubber scraper is the only safe tool to use while the blades are turning. Don't short-circuit your life through carelessness.

* * * * *

PROGRAM SUGGESTIONS

*Home agents, home economists with public utilities and home economics teachers are good types of speakers for a program on this kind of safe housekeeping.

*Demonstrations are most effective for this subject. For variety present a parody, making safety "boners", followed by the expert who shows how doing household tasks safely with equipment means doing them easily and efficiently.

*Or try a "Charades" version with a narrator and action in pantomime, letting the audience guess the household task and equipment being used. Prizes can be given for most correct answers, best acting, etc.

* * * * *

For Additional Program Materials Contact
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